



CITY OF PLYMOUTH



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1952



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The following members of the City Council and co-opted members served on the undermentioned Committees during the year :

HEALTH COMMITTEE

Chairman: Councillor P. N. Washbourn.

Vice-Chairman: Alderman (Mrs.) J. Marshall.

Alderman (Mrs.) C. H. Daymond.

Councillors (Mrs.) E. Broad, T. B. Harvey, (Mrs.) D. F. W. Innes, I. C. Lowe, (Mrs.) L. Newbery, C. S. C. Prance, (Miss) E. K. Pryor, P. R. Stebbing, W. J. Wilks.

Two members from the Local Medical Committee : Dr. O. L. Lander, Dr. J. N. Morris.

AMBULANCE SUB-COMMITTEE

Chairman: Mr. F. Warren.

Vice-Chairman: Councillor P. N. Washbourn.

Aldermen (Mrs.) C. H. Daymond, (Mrs.) J. Marshall.

Councillors I. C. Lowe, (Miss) E. K. Pryor, P. R. Stebbing.

Mr. C. S. C. Prance, representing the St. John Ambulance Brigade.
Mrs. H. Vellacott, Rev. Hilliard, Mr. H. L. Spear, representing the Plymouth and District Ambulance Service Committee.

MENTAL HEALTH SUB-COMMITTEE

Chairman: Councillor P. N. Washbourn.

Vice-Chairman: Alderman (Mrs.) J. Marshall.

Alderman (Mrs.) C. H. Daymond.

Councillors I. C. Lowe, (Miss) E. K. Pryor, P. R. Stebbing.

EDUCATION COMMITTEE

Chairman: Councillor L. F. Paul.

Vice-Chairman: Alderman F. J. Stott.

Aldermen (Mrs.) C. H. Daymond, L. G. Hicks, H. G. Mason, H. J. Perry and H. S. Sangwell.

Councillors W. L. P. Baker, R. Briscoe, T. H. Franklin, (Mrs.) H. Gratton, A. A. H. Hampton, (Mrs.) M. Jolly, N. W. Lamb, S. C. Potter, (Miss) E. K. Pryor, L. J. L. Russell, T. H. L. Stanbury, P. N. Washbourn and E. L. Wyatt.

Ten members not of the Council: Mrs. F. C. Clements, Mr. J. A. Constable, Rev. W. H. A. Cooper, Rev. W. F. Grey, Mr. C. Hunt, Miss E. M. Leigh, Mrs. M. A. Motley, Messrs. G. P. Ross, H. G. Taylor and Rev. Father Twohig.

SPECIAL SERVICES SUB-COMMITTEE (EDUCATION COMMITTEE)

Chairman: Alderman L. G. Hicks.

Aldermen (Mrs.) C. H. Daymond and H. S. Sangwell.

Councillors W. L. P. Baker, T. H. Franklin, A. A. H. Hampton, S. C. Potter and E. L. Wyatt.

Mrs. F. C. Clements, Mr. J. A. Constable, Rev. W. F. Grey, Mr. C. F. Hunt, Mr. H. G. Taylor and Rev. Father Twohig.

HEALTH OFFICERS OF THE AUTHORITY

MEDICAL

T. Peirson, M.D., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health ; Port Medical Officer ; School Medical Officer.

G. B. Carter, M.D., D.P.H., Deputy Medical Officer of Health ; Deputy Port Medical Officer.

T. H. Harrison, M.B., Ch.B., D.P.H., Senior School Medical Officer.

Marion Smellie, M.A., M.B., Ch.B., D.P.H., Senior Maternity and Child Welfare Medical Officer.

N. R. Matheson, M.B., Ch.B., C.P.H., Senior Mental Health Medical Officer.

Hertha M. Tietze, M.D., Assistant Maternity and Child Welfare and School Medical Officer.

Evelyn Steed, M.B., Ch.B., D.R.C.O.G., Assistant Maternity and Child Welfare Medical Officer.

H. B. Boucher, M.B., F.R.C.S., D.T.M. & H., Assistant Medical Officer of Health.

L. N. Trethowan, M.R.C.S., L.R.C.P., Assistant School Medical Officer.

T. R. W. Forrest, M.R.C.S., L.R.C.P., Assistant Maternity and Child Welfare and School Medical Officer.

D. S. Parken, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., Assistant Maternity and Child Welfare and School Medical Officer.

H. T. Chatfield, M.C., M.B., D.P.H., Senior Chest Physician.
(In conjunction with the Regional Hospital Board.)

R. St. J. Harold, L.R.C.P. and S.I., D.P.H., Chest Physician.
(In conjunction with the Regional Hospital Board.)

J. C. Mellor, M.B., Ch.B., Chest Physician. (In conjunction with the Regional Hospital Board.)

DENTAL

Dental Surgeons:

Miss M. Bettinson, L.D.S., R. S. Fawcett, L.D.S. (part-time, commenced 29.9.52), J. F. Gray, L.D.S., R. M. Maynard, L.D.S., Mrs. M. Owen, L.D.S. (part-time), Miss M. Rees, L.D.S. (resigned 27.3.52), M. S. Widdup, L.D.S. (commenced 8.9.52).

OTHER STAFF

Chief Sanitary Inspector:

C. E. Sanderson, F.R.San.I.*†‡

Port Sanitary Inspector:

A. S. Kitt.*†

Meat Inspector:

P. A. Hawthorn.*†

Superintendent Health Visitor:

Miss M. Hornby, S.R.N., S.C.M.

Supervisor of Midwives:

Miss M. J. Casey, S.R.N., S.C.M.

Chief Clerk:

C. L. Marsh.

Chief Clerk, School Health Department:

E. T. Perkins.

Ambulance Officer:

R. D. Sampson, S.B.St.J.

Home Help Organiser:

Mrs. P. Nodder.

City Meteorologist:

G. H. Ivory.

* Sanitary Inspector's Certificate.

† Meat Inspector's Certificate.

‡ Sanitary Science Certificate.

TO THE LORD MAYOR, ALDERMEN, AND COUNCILLORS OF THE
CITY OF PLYMOUTH.

I have the honour to present to you my Annual Report on the health of the City of Plymouth for the year 1952.

The Minister of Health requested that each Medical Officer of Health of Local Health Authorities should include in his 1952 Annual Report a survey of the Local Health Services provided under the National Health Service Acts. The survey relating to individual services is incorporated in the appropriate section of this report.

The following is a brief description of the administration of those sections of the Medical Officer of Health's Department which are governed by the National Health Service Acts.

There is a senior medical officer responsible to the Medical Officer of Health for the maternity and child welfare section and under this officer are the Superintendent Health Visitor and the Non-Medical Supervisor of Midwives.

A senior medical officer is responsible to the Medical Officer of Health for mental health including lunacy and mental defectives and, in addition, half of his time is devoted to the Education Authority for examination of children suspected of being mentally retarded or maladjusted.

The day-to-day control of the ambulance service is carried out by an Ambulance Officer on the staff of the Medical Officer of Health. The Home Help Service is supervised by an organiser reporting directly to the Medical Officer of Health.

The Deputy Medical Officer of Health assists the Medical Officer of Health with general administration and he is also senior medical officer of the Port Health section.

CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

The need for effective co-operation between the three parts of the National Health Service is obvious to all, and without it there will be waste and inefficiency.

At committee level there is opportunity for an exchange of views on common matters through the Clinical Area Advisory Committee composed of representatives of the Local Health Authorities, the Hospital Management Committees and the Local Executive Councils. This body with its Medical Advisory Committee considers and makes recommendations on matters of mutual interest. It is worthy of mention in this connection that the chairman of the Health Committee of the City Council during 1952 happened also to be chairman of the Plymouth Local Executive Council and of the Plymouth Special Hospital Management Committee, and the vice-chairman of the Health Committee was chairman of the Plymouth Mental Hospital Management Committee. Several of the members are, of course, common to these bodies.

In order to keep general practitioners informed about the Local Health Services and how their help may be obtained, a guide is issued to them, a copy of the second edition of which was revised in April, 1952. It is customary to send circular letters to the doctors on additional matters when they arise. Newcomers into the City are supplied with copies. Suitable information about these local services is given to the public through talks to various organisations, particularly women's gatherings and by means of posters in parks, advertisements, and, where appropriate, by Press interview.

Co-operation between members of the Health Department staff and those engaged in the other branches of the National Health Services is good and encouragement is given to direct personal contact between individuals which is found to be by far the most satisfactory method. In this matter of liaison, however, a word of criticism of the present organisation of hospital administration appears justifiable. This refers to the need in the interest of efficiency and economy for an officer with much clearer executive duty and responsibility—one who would be entrusted by his management committee with responsibility for decisions. Expeditious action on day-to-day matters can never be carried out by any committee. The full value of such an executive officer would only be apparent if he held a medical qualification.

Instances of exchange of services between members of the Local Health Authority Services and the other branches are mentioned in the later sections of this report.

VOLUNTARY ORGANISATIONS TAKING A PART IN THE LOCAL HEALTH SERVICES

The following statement indicates the several voluntary organisations whose work forms part of the Local Health Authority Services :—

A. *Care of Mothers and Young Children*

- (1) *Abbotsfield Salvation Army Home, Dunmore, Bradninch, Devon*—Mother and Baby Home. Reception of unmarried mothers from Plymouth during the last two months of pregnancy, for confinement and for care of mother and baby for four months.
- (2) “ *Southview* ” *Home, Plymouth*—Reception of unmarried mothers during pregnancy.
- (3) *Rosemundy Home, Truro*—Mother and Baby Home. Reception of unmarried mothers during pregnancy and for care of mother and baby.
- (4) *Plymouth Mothers' Advice Centre*—For giving of advice regarding birth control to married women in whom further pregnancy would be detrimental to health on medical grounds.

B. *Ambulance Service*

St. John Ambulance Brigade—Voluntary part-time service by both male members and nursing members in helping to staff the ambulances, and acting as escorts to patients travelling by train.

C. *Home Nursing and Midwives Service*

Three Towns Nursing Association, Plymouth—Under agency arrangements with the local health authority, the provision of the home nursing service and part of the midwives' service.

D. *Domestic Help Service*

Plymouth Council of Social Service—The Local Health Authority's domestic help scheme is supplemented by arrangements made with the Plymouth Council of Social Service for this voluntary organisation to provide domestic help to old people requiring less than full-time assistance.

E. Prevention, Care and After-Care

Plymouth Tuberculosis Care and After-Care Committee—Care and after-care of tuberculous patients and their families.

SLUM CLEARANCE

Reference was made in my Annual Report for 1951 to a resumption of slum clearance. The compulsory purchase order relating to the Pembroke Street, Devonport, area (137 houses with 210 families) was confirmed by the Ministry of Housing and Local Government in July, 1952. Representation was made to the Housing Committee in January, 1953, of the area around Duke Street and St. John Street, Devonport, comprising 96 unfit houses which contained 120 families. Now that a resumption of clearing slum areas has become possible it is sincerely to be hoped that the next four or five years will see an end of them.

PREVENTION OF ACCIDENTS IN THE HOME

Increasing attention is very properly being given to the prevention of accidents in the home to which the very young and the old are particularly prone. The prevention of injury to health and life by physical agents such as fire, scalds, electrical faults, and others is a matter which concerns the Health Department. It is, of course, the duty of the Local Health Authority to prevent illness. My staff have unique opportunities for giving advice in the home and elsewhere and a considerable amount has been done during the year.

The commonest serious accidents to young children are those involving burns and scalds, through playing with or falling on to a fire and upsetting kettles, teapots and so on.

The Health Committee had this matter under consideration during the year and a good deal of educational work was done by health visitors' talks to senior school girls and to a large number of women's organisations in the City who showed very great interest in these efforts.

The problem has engaged the attention of Parliament and as a result of the Heating Appliances (Fireguards) Act, 1952, it will be a legal offence after 1st October, 1953, to sell or hire a domestic heating appliance, whether gas, electric, or oil, which is not fitted with a guard conforming to a prescribed standard.

NOISE

There is no doubt that unnecessary noise in our towns is responsible for a good deal of physical and nervous distress, in particular amongst the more sensitive of the community, and all practical steps should be taken to avoid it. This is even more so in the case of the sick either in hospital or in their own homes. One of the most remarkable things about motor traffic in even the busiest of our towns to-day is the almost complete disappearance of the use of the motor horn. How different from twenty years ago ! And yet the public use of travelling loud-speakers in towns—usually advertising—is freely permitted—a breach of good taste and a gross lack of consideration for the comfort of others.

The noise of a timber saw can be the source of acute distress to local inhabitants, and life in flats can become most unhappy and trying where methods of construction allow easy conduction of sound.

Details of the various parts of the work of my Department are given in the following sections, and I record my appreciation of the loyal work of my staff.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

T. PEIRSON.

SEVEN TREES,
LIPSON ROAD,
PLYMOUTH.

July, 1953.

Statistics and Social Conditions of the Area, 1952

Area in acres (Land and Inland Water)	13,115
Rateable value of the City	£1,817,266
Sum represented by the penny rate (estimated) ...	£7,397
Registrar-General's estimate of the home population ...	218,600
Number of marriages in the City during 1952 ...	1,729
Marriage Rate per 1,000 of estimated home population	7.91

Number of unemployed persons in the City as at 31st December, 1952 :

	<i>Age</i>				<i>Total</i>
Men ...	18 and over	...	...	...	1,622
Boys ...	15 to 17	...	...	...	72
Women ...	18 and over	...	...	...	1,267
Girls ...	15 to 17 ...	...	...	...	138
<i>Total</i>					3,099

<i>Live Births</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate ...	1666	1590	3256	Birth rate per 1,000 of the estimated home population =15.95
Illegitimate ...	115	116	231	
	1781	1706	3487	

<i>Still-Births</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate ...	39	34	73	Still-Birth rate per 1,000 total (live and still) births =22.70
Illegitimate ...	5	3	8	
	44	37	81	

<i>Deaths under one year</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate ...	64	32	96	Death rate of in- fants under one year per 1,000 live births=29.53
Illegitimate ...	5	2	7	
	69	34	103	

<i>All Deaths</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	Death rate per 1,000 of estimated home population = 11.18.
	1240	1203	2443	

Death Rate of Infants under one year of age:

All infants per 1,000 live births (Total Deaths 103)	29.53
Legitimate infants per 1,000 Legitimate Live Births (96)	29.48
Illegitimate infants per 1,000 Illegitimate Live Births (7)	30.30

Deaths from Puerperal Causes (heading 30 of the Registrar-General's Short List):

Pregnancy, Childbirth and Abortion

	<i>Deaths</i>	<i>Rate per 1,000 total (live and still) births</i>
No. 30. Pregnancy, Childbirth and Abortion ...	3	0.84

Gastro-Enteritis (under 2 years of age):

Deaths from Gastro-Enteritis under 2 years of age	10
Mortality Rate per 1,000 Live Births	2.87

**Medical
Examinations of
Council
Employees** During 1952, 761 medical examinations of Corporation employees or prospective employees were performed in connection with the Corporation Superannuation and Sick Pay Schemes. The object of these examinations is to exclude those whose proposed employment might constitute a danger to the health of themselves or others and also to avoid the entry into the schemes of persons who seem likely to involve unfair liabilities on the Funds by reason of requiring undue periods of sick leave or premature retirement on medical grounds.

616 of the persons examined were found to be free from any defect likely to affect their service and were passed fit for employment and entry to the Schemes.

Of the remaining 145 :

16 were found unfit for employment by the Corporation (including 7 already in employment who had become unfit for further employment owing to permanent ill-health) ;

80 were reasonably fit for employment at the time of examination but unfit for entry to the Superannuation or Sick Pay Schemes ;

49 were temporarily unfit for permanent employment with entry to the Schemes, but likely to become fit after suitable medical treatment had been undertaken.

In this group of 145 found unsuitable for admission to the Schemes, the most commonly occurring defects were :

Raised Blood Pressure and associated conditions	...	15
Pulmonary Tuberculosis	... ..	10
Hernia	... ..	10
Ear disease and Deafness	... ..	10
Chronic Bronchitis or Asthma	... ..	9
Gastric or Duodenal Ulcer	... ..	9
Defective Vision	... ..	8
Mental Instability	... ..	7
Spinal Curvature or other disease of the spine	... ..	6
Heart Disease, including degeneration	... ..	4
Skin Disease	... ..	4
Rheumatism	... ..	4

Other Examinations. X-ray examinations of the chest were obtained in 77 new entrants to Corporation service, mainly Public Health and District Nurses and others in contact with children.

Cremation The Council's crematorium was established in 1934, and the following figures show the use made of these facilities since that time :—

<i>Year</i>	<i>Cremations</i>	<i>Year</i>	<i>Cremations</i>
1935	... 123	1947	... 896
1940	... 552	1952	... 1,917

Number of Post-mortems asked for by the Medical Referee during 1952 : 20.

Cancer I am indebted to the Director of the Devon and Cornwall Regional Cancer Organisation for the information he has given me regarding the incidence of cancer in Plymouth. The statistics relate to registrations of Plymouth residents for the years 1950 to 1952.

CANCER REGISTRATIONS OF PLYMOUTH RESIDENTS FOR THE YEARS 1950 TO 1952

	1951	—	443		1952	—	466	
<i>Buccal Cavity and Pharynx</i>					1950		1951	1952
Lip					7		4	5
Tongue					7		2	12
Salivary gland					2		—	6
Floor of mouth					—		—	5
Other parts of mouth and unspecified					4		2	3
Oral mesopharynx					3		2	1
Nasopharynx					1		1	—
Hypopharynx					—		2	5
Pharynx, unspecified					—		1	—
					—		—	—
					24		14	37
					—		—	—
<i>Digestive Organs and Peritoneum</i>					1950		1951	1952
Oesophagus					12		10	8
Stomach					38		47	39
Small intestine, including duodenum					—		—	—
Large intestine, except rectum					35		28	33
Rectum					27		36	28
Biliary passages and liver (primary)					2		3	5
Biliary passages and liver (secondary)					4		2	—
Pancreas					7		11	8
Peritoneum					—		3	5
Unspecified digestive organs					1		1	—
					—		—	—
					126		141	126
					—		—	—
<i>Respiratory System</i>					1950		1951	1952
Nose, nasal cavities, middle ear, and accessory sinuses					3		3	3
Larynx					2		3	5
Lung and bronchus (primary)					30		42	35
Lung and bronchus, unspecified (primary or secondary)					—		2	—
Mediastinum					—		—	—
Thoracic organs (secondary)					—		—	1
					—		—	—
					35		50	44
					—		—	—

<i>Breast and Genito Urinary Organs</i>	1950	1951	1952
Breast	64	63	61
Cervix uteri	20	17	19
Corpus uteri	9	9	13
Other parts of uterus, including chorio- nepithelioma	1	—	—
Uterus, unspecified	1	3	1
Ovary, Fallopian tube and broad ligament	14	15	16
Other and unspecified female genital organs	6	3	2
Prostate	18	18	14
Testis	—	6	4
Other and unspecified male genital organs	5	1	1
Kidney	3	3	2
Bladder	16	14	31
	<hr/> 157 <hr/>	<hr/> 152 <hr/>	<hr/> 164 <hr/>

<i>Other and Unspecified Sites</i>	1950	1951	1952
Malignant melanoma of skin	3	4	3
Other skin	74	51	63
Eye	3	3	—
Brain and other parts of nervous system	4	2	1
Thyroid gland	4	—	2
Other endocrine glands	—	2	1
Bone	6	3	4
Connective tissue	3	2	1
Secondary and unspecified lymph nodes ...	1	2	—
Other and unspecified sites	1	1	5
	<hr/> 99 <hr/>	<hr/> 70 <hr/>	<hr/> 80 <hr/>

<i>Lymphatic and Haematopoietic Tissues</i>	1950	1951	1952
Lymphosarcoma and reticulosarcoma ...	4	4	2
Hodgkins disease	6	4	2
Other forms of lymphoma	1	—	2
Multiple myeloma	1	1	—
Leukaemia and aleukaemia	5	6	8
Mycosis fungoides	—	1	1
	<hr/> 17 <hr/>	<hr/> 16 <hr/>	<hr/> 15 <hr/>

TABLE I.
VITAL STATISTICS—PLYMOUTH—1914-1952.

Year.	Estimated Mid-year Population (a) Civilian (b) Total Resident.	Birth Rate.	Death. Rate.	Infant Mortality Rate per 1,000 Births.	CRUDE DEATH-RATES PER 1,000 POPULATION FROM						
					Measles.	Scarlet Fever.	Whoop- ing Cough.	Diph- theria.	Tuberculosis.		Cancer
									Respira- tory.	Other Forms.	
1914	212,421 (b)	23.70	15.50	109.70	.26	.05	.22	.25	1.23	.37	1.08
1915	187,911 (a)	19.90	17.40	119.30	.61	.04	.13	.23	1.26	.45	1.15
1916	184,473 (a)	21.60	16.10	90.60	.26	.02	.08	.28	1.37	.35	1.24
1917	179,375 (a)	19.39	16.44	96.95	.46	.01	.11	.17	1.25	.49	1.33
1918	179,629 (a)	19.17	18.90	96.63	.31	.03	.32	.09	1.67	.49	1.16
Average		20.75	16.86	102.63	.38	.03	.17	.20	1.35	.43	1.19
1919	181,967 (a)	21.62	15.48	85.85	.16	.02	.02	.20	1.27	.40	1.38
1920	189,218 (a)	26.35	14.48	74.78	.18	.00	.17	.19	1.03	.24	1.29
1921	199,860 (a)	21.21	12.5	77.52	.01	.02	.05	.06	1.04	.21	1.34
1922	200,370 (a)	19.65	14.4	74.31	.22	.01	.10	.07	1.09	.24	1.25
1923	193,017 (a)	19.49	12.7	50.67	.03	.00	.04	.05	1.04	.23	1.40
Average		21.66	13.91	72.62	.12	.01	.07	.11	1.09	.26	1.33
1924	192,900 (a)	18.16	14.3	81.53	.13	.00	.16	.11	1.08	.22	1.31
1925	197,378 (a)	18.1	12.2	63.0	.01	.01	.07	.04	0.91	.22	1.36
1926	187,300 (a)	17.2	12.3	71.9	.10	.01	.07	.18	0.95	.18	1.49
1927	187,600 (a)	16.5	12.0	61.0	.00	.02	.06	.12	0.97	.16	1.58
1928	187,600 (a)	17.0	12.0	69.2	.41	.01	.02	.17	0.85	.17	1.52
Average		17.59	12.5	69.32	.13	.01	.07	.12	0.95	.19	1.45
1929	199,000 (a)	16.5	12.6	59.5	.02	.02	.17	.13	0.84	.12	1.39
1930	199,000 (a)	15.9	11.8	60.0	.14	.03	.02	.11	0.84	.17	1.47
1931	191,800 (a)	16.4	13.5	66.8	.01	.01	.05	.08	0.69	.20	1.48
1932	208,440 (b)	15.59	12.55	58.44	.02	.04	.07	.09	0.78	.15	1.49
1933	206,200 (b)	15.67	13.23	58.16	.06	.01	.06	.08	0.86	.12	1.47
Average		16.01	12.73	60.58	.05	.02	.07	.10	0.80	.15	1.46
1934	203,450 (b)	15.7	12.05	53.69	.06	.00	.08	.07	0.82	.17	1.59
1935	203,600 (b)	15.0	12.25	59.70	.02	.00	.01	.11	0.56	.15	1.58
1936	206,400 (b)	14.8	12.25	55.86	.01	.00	.09	.19	0.60	.13	1.57
1937	210,460 (b)	14.6	12.79	45.88	.00	.00	.01	.08	0.70	.07	1.63
1938	211,800 (b)	15.6	11.95	53.25	.12	—	.05	.07	0.64	.13	1.54
Average		15.14	12.25	53.68	.04	.00	.05	.10	0.66	.13	1.58
1939	215,500 (a)	15.6	12.61	42.04	—	—	—	.11	0.64	.12	1.65
1940	197,800 (a)	16.6	15.72	59.69	.02	—	.00	.53	0.83	.13	1.85
1941	149,300 (a)	16.43	23.87	77.49	.08	—	.07	.18	0.94	.15	2.25
1942	127,300 (a)	22.12	15.51	51.82	.00	—	.01	.12	0.95	.23	2.51
1943	136,530 (a)	23.03	16.69	37.53	.06	—	.06	.07	0.92	.20	2.34
Average		18.75	16.88	53.71	.03	—	.03	.20	0.85	.16	2.12
1944	144,700 (a)	24.03	14.66	39.98	.00	—	.00	.02	0.86	.12	2.13
1945	157,580 (a)	24.27	15.55	55.96	.00	—	.01	.03	0.79	.10	2.18
1946	176,070 (a)	24.26	13.87	46.11	.00	—	.02	.01	0.60	.14	2.06
1947	181,600 (a)	24.72	14.09	49.88	.05	—	.01	.01	0.77	.16	1.83
1948	188,940 (a)	21.36	12.25	29.73	—	—	.01	.00	0.73	.12	2.09
Average		23.73	14.08	44.33	.01	—	.01	.01	0.75	.13	2.06
1949	190,860 (a)	19.75	13.14	34.23	.00	—	.03	.00	0.62	.03	1.98
1950	208,960 (b)	16.91	11.72	29.43	—	—	.01	—	0.52	.07	1.82
1951	219,700 (b)	16.49	12.16	33.41	.01	—	.01	—	0.42	.04	1.65
1952	218,600 (b)	15.95	11.18	29.53	—	—	.01	.00	0.22	.02	1.73

Note.—A series of dashes indicates that there were no deaths from that particular disease during that year.

A "0" preceding a decimal point indicates that in some previous year the rate was greater than unity.

A rate of .00 indicates that there were too few deaths during that year to be expressed as a rate to two decimal places.

TABLE II.
VITAL STATISTICS—1914–1952.

YEAR.	STILLBIRTHS.		INFANT MORTALITY		NEO-MORTALITY.		MATERNAL MORTALITY.					
	No.	Rate per 1,000 Live and Still Births.	No. of Deaths under 1 year.	Rate per 1,000 Live Births.	No. of Deaths under 4 weeks.	Rate per 1,000 Live Births.	SEPSIS.		OTHERS.		TOTAL.	
							No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.
1914	51	10.02	553	109.7	215	42.68	5	.98	22	4.32	27	5.30
1915	29	6.80	505	119.3	145	34.26	6	1.41	17	3.98	23	5.39
1916	64	14.51	394	90.6	140	32.20	4	.90	20	4.53	24	5.43
1917	59	17.57	376	96.95	137	35.33	2	1.50	15	3.81	17	4.31
1918	133	33.24	373	96.63	132	34.20	5	1.25	14	3.50	19	4.75
Average	67	16.43	444	102.63	154	35.73	4	1.21	17	4.03	22	5.03
1919	143	33.70	352	85.85	135	32.93	5	1.18	18	4.24	23	5.42
1920	153	27.61	403	74.78	182	33.78	4	.73	22	3.96	26	4.69
1921	?	?	347	77.52	153	34.18	3	.67	12	2.68	15	3.35
1922	134	31.22	309	74.31	153	36.81	4	.93	17	3.96	21	4.89
1923	129	30.33	209	50.67	102	24.74	5	1.17	12	2.82	17	3.99
Average	139	30.71	324	72.62	145	32.49	4	.94	16	3.53	20	4.47
1924	125	32.23	306	81.53	128	34.11	6	1.54	19	4.90	25	6.44
1925	?	?	243	63.0	117	30.54	3	.78	15	3.91	18	4.69
1926	?	?	262	71.9	106	29.12	3	.83	8	2.19	11	3.02
1927	?	?	214	61.0	112	31.99	11	3.15	16	4.56	27	7.71
1928	149	39.64	250	69.2	121	33.53	5	1.38	17	4.71	22	6.09
Average	137	35.93	255	69.32	117	31.35	5	1.53	15	4.05	20	5.59
1929	147	40.03	210	59.5	111	31.49	6	1.76	11	2.86	17	4.62
1930	179	49.73	208	60.0	93	27.19	8	2.22	18	5.00	26	7.22
1931	128	36.00	229	66.8	102	29.77	1	.29	8	2.33	9	2.62
1932	153	44.94	190	58.44	97	29.84	8	2.35	12	3.52	20	5.87
1933	126	37.53	188	58.16	107	33.11	7	2.08	13	3.87	20	5.95
Average	147	41.64	205	60.58	102	30.28	6	1.74	12	3.52	18	5.26
1934	118	35.5	172	53.69	91	28.41	6	1.81	8	2.40	14	4.21
1935	124	38.8	183	59.70	103	33.60	9	2.82	7	2.19	16	5.01
1936	120	37.7	171	55.86	77	25.16	5	1.57	4	1.26	9	2.83
1937	118	36.9	141	45.88	66	21.48	7	2.19	10	3.13	17	5.32
1938	140	40.6	176	53.25	87	26.32	2	0.58	5	1.45	7	2.03
Average	124	37.9	168	53.68	85	26.99	6	1.79	7	2.08	12	3.88
1939	127	35.5	145	42.04	82	23.79	2	0.55	9	2.51	11	3.06
1940	117	34.2	197	59.69	95	28.83	7	2.04	4	1.17	11	3.21
1941	82	32.3	178	77.49	75	30.57	2	0.84	4	1.68	6	2.52
1942	87	29.9	146	51.82	85	30.17	2	0.69	8	2.75	10	3.44
1943	103	31.7	118	37.53	57	18.13	5	1.54	7	2.15	12	3.69
Average	103	32.7	157	53.71	79	26.29	4	1.13	6	2.05	10	3.18
1944	99	27.6	139	39.98	80	23.01	3	0.84	4	1.12	7	1.96
1945	111	28.2	214	55.96	112	29.28	3	0.76	14	3.56	17	4.32
1946	101	23.09	197	46.11	113	26.45	1	0.22	5	1.14	6	1.36
1947	97	21.14	224	49.88	127	28.28	—	—	3	0.65	3	0.65
1948	82	19.91	120	29.73	80	19.82	1	0.24	1	0.24	2	0.48
Average	98	23.99	179	44.33	102	25.37	2	0.41	5	1.34	7	1.75
1949	98	25.34	129	34.23	75	19.89	—	—	5	1.29	5	1.29
1950	68	18.88	104	29.43	67	18.96	1	0.27	3	0.83	4	1.10
1951	89	23.98	121	33.41	77	21.26	—	—	2	0.54	2	0.54
1952	81	22.70	103	29.53	73	20.94	—	—	3	0.84	3	0.84

DEATHS UNDER FIVE YEARS OF AGE—BY CAUSES AND AGE GROUPS.
(CLASSIFIED LOCALLY UNDER THE INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH)

FOR THE 52 WEEKS ENDED 27TH DECEMBER, 1952

Cause of Death		under 1 day		1 day		2 days		3 days		4 days		5 days		6 days		7-13 days		14-20 days		21-28 days		Total under 1 month		1-2 months		2 months		3 months		4 months		5 months		6 months		7 months		8 months		9 months		10 months		11 months		Total under 1 year		1-4 years		Total under 5 years	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
A 1.	Tuberculosis of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
A 2.	T.B. meninges and central nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 21.	Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 22.	Whooping-cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 23.	Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 58.	Leukaemia and aleukaemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 90.	Broncho-pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 91.	Primary atypical, other and un- specified pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 104.	Gastro-enteritis and colitis, except diarrhoea of the newborn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 107.	Other diseases of digestive system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 128.	Congenital malformations of circulatory system	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 129.	All other congenital malformations	1	-	-	-	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 130.	Birth injuries	4	2	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 131.	Post-natal asphyxia and atelectasis	6	2	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 132.	Infections of the newborn	-	1	-	-	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 133.	Haemolytic disease of newborn	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A 135.	Ill-defined diseases peculiar to early infancy, and immaturity unquali- fied	7	7	2	2	3	1	1	-	2	-	-	1	1	-	3	-	1	2	-	-	20	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
AE138.	Motor vehicle accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
AE143.	Accident caused by fire and ex- plosion of combustible material...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
N147.	Effects of foreign body entering through orifice	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
AN150.	All other and unspecified effects of external causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
TOTALS		19	13	4	2	7	1	2	-	5	1	-	1	2	-	7	2	1	3	3	-	50	23	3	2	4	2	5	1	2	2	1	3	1	1	2	-	-	1	-	1	-	-	-	-	68	36	11	6	79	42

DEATHS REGISTERED DURING THE 52 WEEKS ENDED 27TH DECEMBER, 1952.

INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH—(W.H.O. 1948)

Cause of Death			0-4 years		5-14 years		15-24 years		25-44 years		45-64 years		65-74 years		75 years and over		Total		Grand Total	Deaths in Insti- tutions
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A	1.	Tuberculosis of Respiratory System ...	1	—	—	—	3	5	6	7	11	9	5	1	—	1	26	23	49	19
A	2.	Tuberculosis of meninges and central nervous system ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	2	2
A	3.	Tuberculosis of intestines, peritoneum and mesenteric glands ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	1
A	4.	Tuberculosis of bones and joints ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	1
A	5.	Tuberculosis, all other forms ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	1
A	8.	Tabes dorsalis ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	1
A	10.	All other syphilis ...	—	—	—	—	—	—	1	—	2	—	—	1	3	2	—	1	1	1
A	20.	Septicaemia and pyaemia ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	5	3	8	3
A	21.	Diphtheria ...	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1
A	22.	Whooping Cough ...	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
A	23.	Meningococcal infections ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2
A	28.	Acute poliomyelitis ...	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	2	2
A	30.	Late effects of acute poliomyelitis and acute infections encephalitis ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	1
A	31.	Infectious hepatitis ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1
A	43.	All other diseases classified as infective and parasitic ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1
A	44.	Malignant neoplasm of buccal cavity and pharynx ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1
A	45.	Malignant neoplasm of oesophagus ...	—	—	—	—	—	—	—	—	4	1	3	—	2	2	9	3	12	4
A	46.	Malignant neoplasm of stomach ...	—	—	—	—	—	1	—	—	3	5	3	3	1	1	7	9	16	10
A	47.	Malignant neoplasm of intestine, except rectum ...	—	—	—	—	—	—	—	14	4	11	8	2	13	28	25	53	19	19
A	48.	Malignant neoplasm of rectum ...	—	—	—	—	—	2	1	3	4	6	5	5	8	16	18	34	9	9
A	49.	Malignant neoplasm of larynx ...	—	—	—	—	—	—	1	—	5	6	1	6	2	12	9	21	10	10
A	50.	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary ...	—	—	—	—	—	—	—	2	1	—	—	—	—	2	1	3	2	2
A	51.	Malignant neoplasm of breast ...	—	—	—	—	—	4	1	25	1	18	1	2	1	49	4	53	19	19
A	52.	Malignant neoplasm of cervix uteri ...	—	—	—	—	—	—	6	—	20	—	8	—	11	—	45	45	9	9
A	53.	Malignant neoplasm of other and unspecified parts of uterus ...	—	—	—	—	—	—	2	—	5	—	4	—	2	—	13	13	4	4
A	54.	Malignant neoplasm of prostate ...	—	—	—	—	1	—	—	1	4	—	3	—	3	—	11	11	3	3
A	55.	Malignant neoplasm of skin ...	—	—	—	—	1	—	—	1	1	2	1	2	1	—	4	5	9	5
A	56.	Malignant neoplasm of bone and connective tissues ...	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	2	4	3
A	57.	Malignant neoplasm of all other and unspecified sites ...	—	—	—	—	1	1	3	4	14	22	9	10	13	8	40	45	85	36
A	58.	Leukaemia and aleukaemia ...	1	—	1	—	1	—	—	—	—	—	—	2	—	—	3	2	5	5
A	59.	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...	—	—	—	—	—	—	—	2	3	2	1	—	—	—	4	4	8	2
A	60.	Benign neoplasms and neoplasms of unspecified nature ...	—	—	1	—	—	—	—	1	2	4	2	—	1	1	6	6	12	9
A	62.	Thyroidosis with or without goiter ...	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	4	4	—
A	63.	Diabetes mellitus ...	—	—	—	—	—	—	—	1	—	3	2	2	3	2	5	8	13	7
A	64.	Avitaminosis and other deficiency states ...	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2	2
A	65.	Anaemias ...	—	—	—	—	—	1	—	1	—	5	2	1	—	—	2	8	10	6
A	66.	Allergic disorders; all other endocrine, metabolic and blood diseases ...	—	—	—	—	1	—	—	4	4	3	4	2	1	1	10	10	20	5
A	67.	Psychoses ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1
A	68.	Psychoneuroses and disorders of personality ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	1
A	70.	Vascular lesions affecting central nervous system ...	—	—	—	—	—	—	4	8	31	42	54	63	70	117	159	230	389	138
A	71.	Nonmeningococcal meningitis ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	1
A	72.	Multiple sclerosis ...	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2	2
A	73.	Epilepsy ...	—	—	—	—	—	1	—	1	—	1	—	2	—	—	—	5	5	4
A	78.	All other diseases of the nervous system and sense organs ...	—	—	—	1	—	—	3	2	5	3	3	4	4	3	15	13	28	11
A	79.	Rheumatic Fever ...	—	—	—	—	—	—	1	2	—	—	—	—	—	—	1	2	3	3
A	80.	Chronic rheumatic heart disease ...	—	—	—	—	—	1	3	3	4	9	1	7	—	7	8	27	35	16
A	81.	Arteriosclerotic and degenerative heart disease ...	—	—	—	2	—	—	8	—	86	28	94	76	140	202	328	308	636	160
A	82.	Other diseases of heart ...	—	—																

DEATHS BY AGE GROUPS AND CAUSES—1952.

AS CLASSIFIED BY THE REGISTRAR GENERAL.

CAUSE OF DEATH	0-1		1-4		Total under 5 yrs.		5-14		15-24		25-44		45-64		65-74		75 and upwards		Total all ages		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Tuberculosis, respiratory ...	—	—	1	—	1	—	—	—	3	5	6	8	12	9	5	1	—	1	27	24	51
2. Tuberculosis, other ...	—	—	1	—	1	—	—	1	—	—	—	—	1	1	—	1	—	—	2	3	5
3. Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	1	—	2	—	2	4	1	—	6	4	10
4. Diphtheria ...	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
5. Whooping-cough ...	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
6. Meningococcal infections ...	—	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	2
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	—	—	—	1	—	1	—	—	—	—	2	—	2	—	—	—	—	—	4	1	5
10. Malignant neoplasm, stomach ...	—	—	—	—	—	—	—	—	—	—	1	—	15	4	12	9	3	12	31	25	56
11. Malignant neoplasm, lung and bronchus ...	—	—	—	—	—	—	—	—	—	—	4	1	27	1	18	1	2	2	51	5	56
12. Malignant neoplasm, breast ...	—	—	—	—	—	—	—	—	—	—	—	6	—	21	—	8	—	11	—	46	46
13. Malignant neoplasm, uterus ...	—	—	—	—	—	—	—	—	—	—	—	3	—	9	—	7	—	4	—	23	23
14. Other malignant and lymphatic neoplasms ...	—	—	—	—	—	—	—	—	3	1	5	7	30	41	34	26	38	21	110	96	206
15. Leukaemia and aleukaemia ...	—	—	1	—	1	—	1	—	1	—	—	—	—	—	—	2	—	—	3	2	5
16. Diabetes ...	—	—	—	—	—	—	—	—	—	—	—	1	—	3	4	4	3	3	7	11	18
17. Vascular lesions of nervous system ...	—	—	—	—	—	—	—	—	—	—	4	8	29	41	50	57	66	112	149	218	367
18. Coronary disease, angina ...	—	—	—	—	—	—	—	1	—	—	7	1	78	19	76	46	42	40	203	107	310
19. Hypertension with heart disease...	—	—	—	—	—	—	—	—	—	—	—	—	10	8	10	15	15	15	35	38	73
20. Other heart disease ...	—	—	—	—	—	—	—	—	—	1	6	4	22	23	34	44	99	169	161	241	402
21. Other circulatory disease ...	—	—	—	—	—	—	—	—	—	—	1	2	7	11	20	13	24	34	52	60	112
22. Influenza ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	3	1	5	2	7
23. Pneumonia ...	22	10	3	1	25	11	1	—	—	—	1	4	17	8	9	7	26	30	79	60	139
24. Bronchitis ...	—	—	—	—	—	—	—	—	—	—	1	—	15	4	13	10	20	20	49	34	83
25. Other diseases of respiratory system ...	—	1	—	—	—	1	—	—	—	—	—	—	2	4	3	2	—	2	5	9	14
26. Ulcer of stomach and duodenum...	—	—	—	—	—	—	—	—	—	—	2	—	8	2	3	3	7	1	20	6	26
27. Gastritis, enteritis and diarrhoea...	4	1	1	1	5	2	—	1	—	—	—	1	1	—	1	1	1	2	8	7	15
28. Nephritis and nephrosis ...	—	—	—	—	—	—	1	1	—	—	—	1	1	5	5	3	7	4	14	14	28
29. Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	9	—	18	—	29	—	29
30. Pregnancy, childbirth, abortion...	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3	3
31. Congenital malformations ...	6	2	—	—	6	2	1	1	1	—	1	—	2	—	—	—	—	—	11	3	14
32. Other defined and ill-defined diseases	37	17	1	—	38	17	1	1	1	3	9	15	21	31	25	28	26	35	121	130	251
33. Motor vehicle accidents ...	—	—	—	1	—	1	2	—	1	—	3	—	1	—	3	3	1	1	11	5	16
34. All other accidents ...	—	1	1	1	1	2	1	—	7	—	6	—	2	1	7	2	4	8	28	13	41
35. Suicide ...	—	—	—	—	—	—	—	—	3	—	2	1	7	5	1	1	1	—	14	7	21
36. Homicide and operations of war...	—	—	—	—	—	—	—	1	—	—	1	1	1	—	—	—	—	—	2	2	4
TOTAL ALL CAUSES ...	69	34	11	6	80	40	8	8	21	10	64	67	315	251	345	299	407	528	1240	1203	2443



CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the Year 1952

	1952	1951	50 Years Average
TEMPERATURES			
Maximum	82.3 (1st July)	76.0 (21st July)	87.0 (16/8/47)‡ (12/7/23)‡
Minimum	26.0 (27th Jan.)	28.8 (3rd Jan.)	16.0 (29/1/47) (1/2/47)
Mean	50.8	51.2	51.4
Daily Range ...	10.5	10.5	10.8
Relative Humidity ...	76%	77%	82%
EARTH TEMPERATURES			
Earth 1 ft. deep ...	52.7	52.6	52.2*
Earth 4 ft. deep ...	53.1	52.5	52.6**
Minimum on Grass ...	13.5 (27th Jan.)	20.6 (29th Jan.)	10.6 (31/1/12)‡
SEA TEMPERATURE			
Mean 6 ft. deep ...	53.6	53.1	53.2*
RAINFALL			
Total during year ...	39.06"	41.71"	37.45"
Greatest daily fall ...	2.55" (15th Aug.)	1.00" (3rd Nov.)	2.27" (17/11/16)‡
Number Wet Days ...	188	210	188
SUNSHINE			
Total Number Hours	1638.6	1691.9	1683.3
Greatest Daily Amount	14.6 (25th May)	15.0 (2nd July)	15.3 (3/6/06)‡
Number Sunless Days	60	66	62
WIND			
Prevailing Direction...	SW	SW	SW
Highest Velocity (Gust) m.p.h.	60 (29th March)	74 (4th Nov.) (28th Dec.)	—

‡ Denotes Absolute Record.

* Denotes a 45 Year Average.

** Denotes a 27 Year Average.

G. H. IVORY & PARTNERS,
City Meteorologists,
24 Athenaeum Street,
Plymouth.

January, 1953.

Maternity and Child Welfare

REPORT OF SENIOR ASSISTANT MEDICAL OFFICER
FOR MATERNITY AND CHILD WELFARE

DR. MARION SMELLIE

Births. The live birth rate for 1952 is 15.95 per 1,000 of the estimated home population (218,600). Although this is the lowest birth rate recorded since 1939, it is still a little higher than that for England and Wales.

	<i>Notified</i>	<i>Registered</i>	<i>Allocated</i>
Total live births (legitimate and illegitimate)	3753	3757	3487
Total stillbirths (legitimate and illegitimate)	98	98	81
	<hr/>	<hr/>	<hr/>
	3851	3855	3568
	<hr/>	<hr/>	<hr/>
Illegitimate births—live ...	111	111	231
stillbirths	4	4	8
	<hr/>	<hr/>	<hr/>
	115	115	239
	<hr/>	<hr/>	<hr/>
Number of births notified by doctors and parents			635
Number of births notified by midwives			3216
			<hr/>
			3851
			<hr/>

PLACE OF CONFINEMENT.

Own home by municipal midwife	1050
Own home by municipal midwife with doctor	138
Own home by private midwife	17
Own home by private midwife with doctor	33
Own home by T.T.N.A. midwife	271
Own home by T.T.N.A. midwife with doctor	167
Alexandra Maternity Home by midwife	684
Alexandra Maternity Home by midwife with doctor	287
Freedom Fields Hospital by midwife	771
Freedom Fields Hospital by midwife with doctor	256
Private Nursing Home with doctor	103
	<hr/>
	3777
	<hr/>

(Multiple births counted as one).

PLYMOUTH BIRTH RATES FROM 1920

1920-29	Average	18.9
1930-39	Average	15.4
1940-49	Average	21.6

Average for 10 years, 1940-49, for England and Wales ... 16.9

<i>Year</i>			<i>Rate</i>
1950	...	...	16.91
1951	...	...	16.49
1952	...	...	15.95

1952 Birth rate for England and Wales ... 15.3

Stillbirths. Plymouth stillbirths were slightly fewer than in 1951, but the rate 0.37 per 1,000 of the population remains a little above that for England and Wales (0.36).

Calculated per 1,000 births the rate is 22.7.

There were more than twice as many Plymouth stillbirths in hospitals as on the district.

STILLBIRTH RATE.

Year.	England and Wales.	Plymouth.	
	Per 1,000 population.	Per 1,000 births.	Per 1,000 population.
1943	0.51	31.7	0.75
1944	0.50	27.68	0.68
1945	0.46	28.20	0.70
1946	0.53	23.09	0.57
1947	0.50	21.15	0.53
1948	0.42	19.91	0.43
1949	0.39	25.34	0.51
1950	0.37	18.88	0.32
1951	0.36	23.98	0.40
1952	0.36	22.7	0.37

No. of notified stillbirths (institutional 74 ; domiciliary 24) 98

Less outward transfers ... 21

Plymouth stillbirths ... 77

Institutional.

Freedom Fields Hospital	...	...	40
Flete Maternity Home	...	...	—
Alexandra Maternity Home	...	...	12
Charlton Nursing Home	...	...	1

— 53

Domiciliary.

Municipal midwife	...	...	...	...	13	
Three Towns Nursing Association midwife	...				8	
Private midwife	...	...	...	...	3	
					—	24
						<hr/>
						77
						<hr/>
Doctor in attendance	...	...	...	...	59	
Midwife only in attendance	...				18	
					—	
					77	
						<hr/>
Female stillbirths	...	...	...	...	36	
Male stillbirths	...	...	...	...	41	
					—	
					77	
						<hr/>

The following information has been extracted from a survey of the records of the 77 Plymouth stillbirths :—

A. Macerated : 38.

Duration of pregnancy.

Over 40 weeks	...	...	...	...	...	—
40 weeks	...	...	...	...	...	5
36–39 weeks	...	...	...	...	...	12
32–35 weeks	...	...	...	...	...	9
Under 32 weeks	...	...	...	...	...	12
						—
						38
						<hr/>

Parity.

1st pregnancy	...	...	...	...	...	11
2nd	„	...	...	...	...	9
3rd	„	...	...	...	...	6
4th	„	...	...	...	...	2
5th	„	...	...	...	...	5
Over 5th pregnancy	...	...	...	...	...	5
						—
						38
						<hr/>

Pre-natal supervision.

Satisfactory	...	...	...	...	...	38
						—
						38
						<hr/>

Causes.

(a) Full-term.							
	Cord round neck	...	...	...	...	1	
	Not known	...	...	...	...	4	
						—	5
(b) 36–39 weeks.							
	Toxaemia	...	...	...	...	2	
	Cord round neck	...	...	...	...	2	
	Lumbar spina bifida	...	...	...	...	1	
	Assoc. with diabetes	...	...	...	...	1	
	Dystocia	...	...	...	...	1	
	Hydrocephalus	...	...	...	...	1	
	Hydrops foetalis	...	...	...	...	1	
	Prem. separation of placenta	...	...	...	...	1	
	Not known	...	...	...	...	2	
						—	12
(c) 32–35 weeks.							
	Toxaemia	...	...	...	...	1	
	Pos. W.R.	...	...	...	...	1	
	Knots in cord	...	...	...	...	1	
	Assoc. with diabetes	...	...	...	...	1	
	Breech assoc. with toxaemia	...	...	...	...	1	
	Hypertension and albuminuria	...	...	...	...	1	
	Not known	...	...	...	...	3	
						—	9
(d) Under 32 weeks.							
	Toxaemia	...	...	...	...	1	
	Prematurity assoc. with toxaemia	...	...	...	...	2	
	Accidental A.P.H.	...	...	...	...	1	
	Anencephaly	...	...	...	...	1	
	Hydrocephalus	...	...	...	...	1	
	Monstrosity	...	...	...	...	1	
	Not known	...	...	...	...	5	
						—	12
							—
							38
							==

B. Premature but not macerated : 18.

Duration of pregnancy.							
	36 weeks	....	....	....	....	4	
	32–35 weeks	....	....	....	....	7	
	28–30 weeks	....	....	....	....	7	
						—	
						18	
						==	

Parity.

	1st pregnancy	....	....	....	....	4	
	2nd pregnancy	....	....	....	....	3	
	3rd pregnancy	....	....	....	....	7	
	4th pregnancy	....	....	....	....	1	
	5th pregnancy	....	....	....	....	1	
	Over 5th pregnancy	....	....	....	....	2	
						—	
						18	
						==	

Pre-natal supervision.

Satisfactory	....	....	...	....	....	18
						<u>18</u>
						<u>18</u>

Standard of living.

Good	....	....	....	....	....	1
Fair	....	....	....	....	....	2
Poor	...	...	...	...	...	2
Not known	....	....	....	....	....	13
						<u>18</u>
						<u>18</u>

Causes.

(a) 36 weeks.						
Toxaemia	...	...	...	...	...	1
Anencephaly	...	...	...	...	...	1
Early separation of placenta—multiple pregnancy...	...	...	...	...	...	1
Inadequate placenta	...	...	...	...	...	1
						<u>4</u>
(b) 32–35 weeks.						
Prolapsed cord	...	...	...	...	...	1
Anencephaly	...	...	...	...	...	2
Toxaemia	...	...	...	...	...	1
Prematurity	...	...	...	...	...	1
Breech	...	...	...	...	...	1
Assoc. with fall	...	...	...	...	...	1
						<u>7</u>
(c) 28–30 weeks.						
Anencephaly	...	...	...	...	...	1
Prematurity (breech)	...	...	...	...	...	2
Toxaemia	...	...	...	...	...	1
Foetal abnormalities	...	...	...	...	...	1
Accidental A.P.H.	...	...	...	...	...	2
						<u>7</u>
						<u>18</u>
						<u>18</u>

C. Stillborn at or near term : 21.

Parity.						
1st pregnancy	....	....	....	....	....	7
2nd pregnancy	....	....	....	....	....	6
3rd pregnancy	...	...	...	...	...	2
Over 3rd pregnancy	....	....	...	...	...	6
						<u>21</u>
						<u>21</u>

Age.

Under 21 years	....	....	....	....	2
21-24 years	....	....	....	....	2
25-29 years	....	....	....	....	4
30-34 years	....	....	....	....	7
35-39 years	....	....	....	....	2
40 years and over	....	....	....	....	4
					<hr/>
					21
					<hr/>

Pre-natal supervision.

Satisfactory	....	....	....	....	19
Nil	....	....	....	....	2
					<hr/>
					21
					<hr/>

Standard of living.

Good	....	....	....	....	4
Fair	....	....	....	....	3
Poor	....	....	....	....	1
Not known	....	....	....	....	13
					<hr/>
					21
					<hr/>

Delivery.

Spontaneous	....	....	....	....	12
Instrumental	....	....	....	....	6
Manual	....	....	....	....	3
					<hr/>
					21
					<hr/>

Causes.

Dystocia	...	...	...	...	6
(Breech	...	...	...	4	
Prolonged labour	...	...	2)		
Cord anomalies	...	...	...	3	
(Prolapsed cord	...	...	1		
Cord round neck	...	...	2)		
Placenta praevia	...	...	...	1	
Eclampsia	...	...	...	1	
Accidental A.P.H.	...	...	...	3	
Ruptured uterus	...	...	...	1	
Inattention at birth	...	...	...	1	
Cord nipped—forceps delivery	...	...	...	1	
Not known	...	...	...	4	
				<hr/>	
				21	
				<hr/>	

Circular 20/44 A midwife with special experience in the care of
Care of Pre- premature babies was appointed on 1st May, 1952,
mature Infants. and started work on the district in the beginning
of June. It so happened that her appointment coincided with the
appointment of a paediatrician by the Regional Hospital Board,
and the subsequent development of a premature baby unit at the
hospital, and thus the two services have been able to work in close
co-operation from the start. This midwife is responsible for the
nursing care of premature babies over 4½ lbs. in their own homes,
and also that of premature babies returning home from hospital
when still under 5½ lbs. in weight. She attends the paediatrician's
hospital ward rounds, and keeps in close touch with the unit.

The equipment provided for the domiciliary care of premature
babies includes the following :—

- Wicker basket for transferring premature babies to hospital, containing
blankets, and special linings to hold hot-water bottles.
- Special baby scales weighing from ¼ oz. to 7 lb.
- Electric blanket.
- Tray for each baby in its own home.
- Room thermometers.
- Oxygen apparatus.
- Feeding bottles.
- Sterile gowns.
- Sterile masks.
- Baby clothes (outfits comprising baby vests, gowns, etc.).
- Extra vitamins and tablets.

Although it is too early yet to evaluate results statistically,
this service is proving very worthwhile and it is considered that
every premature baby nursed at home should have the benefit of
this very specialised care. A baby is considered premature when it
weighs 5½ lbs. or less at birth regardless of the period of gestation.

Of the 306 premature, or underweight, infants born in Plymouth
during 1952, 74 were outward transfers and 232 were babies belong-
ing to Plymouth. 21 of the Plymouth babies died within 24 hours
of birth and a further 21 died before the 28th day. By the end of the
year 15 had left the city and 1 more baby had died, leaving 174
surviving and living in Plymouth (i.e. 75 per cent). Of these, 95
were entirely breast fed for the first 14 days.

There were five inward transfers from Flete, all of whom were
alive and still living in Plymouth at 31.12.52.

With 42 deaths under one month, the neo-natal mortality in the
group of 237 premature Plymouth babies is 177, an improvement on
last year's figure of 203.

Approximately 8.1 per cent of live births were premature.

Forty-one premature babies born in their own homes were later removed to the hospital premature baby unit for special care.

1951 Follow-up. Of the 173 babies living and in Plymouth at 31.12.51, 15 left the city within the following 12 months. Three babies died during the year. The remaining 155 are progressing satisfactorily.

SPECIAL DOMICILIARY CARE OF PREMATURE BABIES
FROM JUNE TO DECEMBER, 1952

I. Babies nursed at home entirely :— 21

<i>Weight Group</i>	<i>No. of babies</i>	<i>Average duration of nursing</i>	<i>Illnesses in first month</i>	<i>Mortality in first month</i>
Under 4 lb. 6 oz.	1	34 days	—	—
4 lb. 6 oz.—4 lb. 15 oz.	7	32 „	3 with “ snuffly ” colds	—
5 lb.—5 lb. 8 oz.	13	24 „	(1 baby with “ snuffly ” cold) (1 with cough and cold)	—
<i>TOTAL</i>	21	30 days	5 with respiratory infections	—

Breast feeding :—

At one month When handed over

<i>Fully B.F.</i>	<i>Partly B.F.</i>	<i>Fully B.F.</i>	<i>Partly B.F.</i>
43%	24%	38%	19%

- II. Babies born at home—transferred to F.F.H. Prem Unit and discharged for home nursing when 4 lb. 4 oz. and over 15
- III. Babies born in hospital and discharged for home nursing when 4 lb. 6 oz. and over 47

The following statistical summaries refer to the entire year :—

INSTITUTION AND DOMICILIARY PREMATURE, OR UNDER-WEIGHT, BABIES

	Total born in Plymouth	Less Outward Transfers	Plus Inward Transfers (Flete)	Total belonging to Plymouth	Died within 24 hours	Died 2-28 days	Left Plymouth 2-28 days	Surviving and living in Plymouth at 28 days	Died after 28th day and up to 31.12.52	Left Plymouth after 28th day and up to 31.12.52	Surviving and living in Plymouth at 31.12.52		
											Total	Six months and over	Under 1 month
Institutional premature babies	207	74	5	138	11	15	1	111	—	9	102	54	8
Domiciliary premature babies	99	—	—	99	10	6	—	83	1	5	77	43	4
TOTALS	306	74	5	237	21	21	1	194	1	14	179	97	12
											Male ... 147		
											Female ... 159		
											Legitimate ... 289		
											Illegitimate ... 17		

CLASSIFICATION OF THE DISTRICT PREMATURE BABIES TRANSFERRED TO HOSPITAL

No.	Weight	Duration of pregnancy	Remarks
1	1 lb. }	28 weeks	Premature twins. Both <i>died</i> within 24 hours.
2	1 lb. 8 oz. }	? 24 weeks	Very premature. <i>Died</i> after 1 day.
3	? 2 lb.	32 weeks	Removed to hospital on account of poor condition of infant. <i>Died</i> after 11 hours—pulmonary atelectasis.
4	2–3 lb.		
5	2 lb. 8 oz. }	30 weeks	Premature twins. Removed to hospital at birth. Both <i>died</i> within 24 hours.
6	2 lb. 6 oz. }	32 weeks	One of twins. Discharged after 7 weeks c/o Prem. Sister. Other twin (4½ lb.) nursed at home.
7	2 lb. 12 oz.		
8	3 lb.	? 28 weeks	Very premature. <i>Died</i> after 18 hours—cerebral haemorrhage.
9	3 lb. 6 oz.	34–36 weeks	Infection of mouth, tongue and eyes. Satisfactory on discharge from hospital at 2 months.
10	3 lb. 8 oz.	38 weeks	Very poor home conditions. Discharged satisfactory after 8 weeks.
11	3 lb. 8 oz. }	33 weeks	Premature twins. Discharged c/o Prem. Sister after 1 month.
12	3 lb. 12 oz. }	40 weeks	Difficult home conditions. Discharged c/o Prem. Sister after 5 weeks.
13	3 lb. 10 oz.	32 weeks	Poor home conditions. Discharged c/o Prem. Sister at 6 weeks.
14	3 lb. 12 oz.	? 37 weeks	No adequate help at home. Discharged from hospital at 2 months. <i>Died</i> aged 11 months—1 (a) Broncho-pneumonia and pulmonary collapse ; (b) Pertusis. II Rickets and marasmus.
15	4 lb.	32 weeks	Premature twins. Discharged c/o Prem. Sister after 3 weeks.
16	4 lb. 1 oz. }	35 weeks	Difficulty with breathing. Discharged c/o Prem. Sister on 20th day.
17	4 lb.	34 weeks	Emergency delivery—Flete booking. Removed to hospital immediately after birth. Discharged c/o Prem. Sister on 28th day.
18	4 lb. 1 oz.	40 weeks	Transferred to hospital on 9th day—cold and refusing feeds. <i>Died</i> on 10th day—broncho-pneumonia.
19	4 lb. 2 oz.	35 weeks	Patient's mother dying—no one to care for baby. Discharged satisfactory, 32nd day.
20	4 lb. 4 oz.	36 weeks	Unsatisfactory home conditions. Discharged after 7 weeks.
21	4 lb. 4 oz.	? 36 weeks	<i>Died</i> after 12 hours—prematurity.
22	4 lb. 4 oz.	37 weeks	Unsatisfactory home conditions. Discharged c/o Prem. Sister at 6 weeks.

No.	Weight	Duration of pregnancy	Remarks
21	4 lb. 6 oz.	37 weeks	Collapsed on 4th day—removed to hospital. <i>Died</i> same day—cerebral haemorrhage from tear of tentorium cerebelli. (P.M.)
22	5 lb. 6 oz. } 4 lb. 6 oz. }	34 weeks	Premature twins. Twin I—? cerebral oedema— <i>died</i> after 30 hours : atelectasis. Twin II—discharged satisfactory on 32nd day.
23	4 lb. 7 oz.	? 32 weeks	Feeble infant. Discharged satisfactory on 28th day.
24	4 lb. 8 oz.	33 weeks	Discharged c/o Prem. Sister on 9th day.
25	4 lb. 10 oz.	36 weeks	Shocked—removed to hospital immediately. Discharged 5th week.
26	4 lb. 10 oz. } 4 lb. 10 oz. }	32 weeks	Premature twins. Twin I kept in hospital for 2 months. Twin II discharged c/o Prem. Sister after 5 days.
27	4 lb. 10 oz.	? 28 weeks	Removed to hospital because of size and general condition. <i>Died</i> after 3 days.
28	4 lb. 12 oz.	37 weeks	Unsuitable home conditions. Discharged on 7th day c/o Prem. Sister.
29	? 5 lb.	36 weeks	Signs of cerebral irritation. <i>Died</i> after 4 days—1 (a) Pneumonia. II, Cerebral oedema.
30	5 lb.	? 36 weeks	Transferred to hospital on account of cyanosis. Discharged satisfactory after 1 month.
31	5 lb.	38 weeks	Poor home conditions. Discharged on 19th day.
32	5 lb.	? 34 weeks	Transferred to hospital on account of marasmus. Discharged satisfactory on 15th day.
33	5 lb. 1 oz.	28 weeks	Very lethargic and premature. Discharged satisfactory after 25 days. <i>Died</i> aged 2½ months—acute broncho-pneumonia.
34	5 lb. 4 oz.	37 weeks	Admitted to hospital on 16th day with mother who required blood transfusion.
35	5 lb. 8 oz.	38 weeks	Unsatisfactory home conditions. Discharged on 14th day.

Note.—26 babies survived and 15 babies died.

INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT, BABIES

PROBABLE CAUSE OF PREMATURITY

<i>Probable cause</i>	<i>Total</i>	<i>Less Outward Transfers</i>	<i>Belonging to Plymouth</i>	<i>Died in first 24 hours</i>	<i>Died 2-28 days</i>	<i>Died after 28 days</i>	<i>Left Plymouth as at 31.12.52</i>	<i>Total surviving and living in Plymouth at 31.12.52</i>
Multiple pregnancy ...	38	9	29	2	3	—	—	24
Multiple pregnancy with toxaemia ...	8	—	8	—	—	—	—	8
Multiple pregnancy with hydramnios ...	6	4	2	—	1	—	—	1
Toxaemia ...	24	10	14	1	2	—	1	10
Hypertension ...	3	—	3	—	1	—	—	2
W.R. Pos. ...	1	1	—	—	—	—	—	—
Rh. Neg. ...	2	1	1	1	—	—	—	—
Pyelitis ...	1	—	1	—	—	—	—	1
Placenta praevia ...	1	1	—	—	—	—	—	—
Ovarian cyst ...	1	1	—	—	—	—	—	—
A.P.H. ...	17	5	12	2	1	—	—	9
Medical or surgical induc- tion ...	24	8	16	—	—	—	1	15
Caesarean section ...	4	2	2	—	—	—	—	2
Attempted version ...	2	1	1	—	—	—	—	1
T.B. of mother ...	1	—	1	—	—	—	—	1
Appendicectomy ...	1	—	1	1	—	—	—	—
? over-exertion (employed)	2	—	2	1	—	—	—	1
Hormone deficiency ...	1	—	1	—	—	—	—	1
Bronchitis ...	2	—	2	—	—	—	—	2
Fall or shock ...	2	—	2	1	—	—	—	1
General poor condition of mother ...	3	1	2	—	—	—	—	2
Full-term, but underweight	41	6	35	1	1	—	3	30
Not known ...	121	24	97	11	12	1	10	63
TOTALS ...	306	74	232*	21	21	1	15	174

* Does not include 5 inward transfers from Flete.

INITIAL FEEDING OF 174 PREMATURE BABIES SURVIVING AND LIVING IN PLYMOUTH ON 31ST DECEMBER, 1952

(a) Institutional : 97.

Entirely breast fed	....	....	....	....	56
Breast fed, plus complementary feeding	....	....	....	....	28
Artificially fed	....	....	....	....	13
Smallest baby 1 lbs. 15 oz. Largest baby 5 lbs. 8 ozs					

(b) Domiciliary : 77.

Entirely breast fed	....	....	....	....	39
Breast fed, plus complementary feeding	....	....	....	....	20
Artificially fed	....	....	....	....	18
Smallest baby 2 lbs. 12 ozs. Largest baby 5 lbs. 8 ozs.					

Infant Mortality. (See Tables on pages 19b, 19c and 19d). 103 children died under the age of one year, giving an infant mortality rate of 29.5. (England and Wales, 27.6.)

Of the 103 deaths, 73 were under the age of one month, making the neo-natal mortality rate for the year 20.9. 32 babies died under the age of one day, and 25 between the age of 1-6 days.

There is this year a slight reduction in infant deaths at all ages. The decrease in deaths after the age of 6 months is satisfactory.

			<i>Deaths under 1 month</i>	<i>Deaths 0-1 years</i>	<i>Deaths 1-5 years</i>	<i>Total deaths under 5 years</i>
1942	....	....	—	146	32	178
1943	....	....	57	118	49	167
1944	....	....	80	139	40	179
1945	....	....	116	214	46	260
1946	....	....	113	197	33	230
1947	....	....	127	221	36	257
1948	....	....	80	125	31	156
1949	....	....	75	127	19	146
1950	....	....	67	104	15	119
1951	....	....	77	121	29	150
1952	...	...	73	103	17	120

Gastro-enteritis in children under two years of age.	Notifications received	....	....	....	135
	Un-notified fatal cases	....	....	....	2
	Total cases	....	....	....	137

							Deaths	
Age groups.								
Under 1 month	....	....	....	....	....	1	—
1-3 months	....	....	....	....	....	21	2
3-6 months	....	....	....	....	....	33	5
6-9 months	....	....	....	....	....	25	1
9-12 months	....	....	....	....	....	13	—
1-2 years	....	....	....	....	....	44	2
						<u>137</u>	<u>10</u>	
Where treated.								
Own home	....	....	....	....	....	79	1
Isolation Hospital	....	....	....	....	....	54	9
Freedom Fields Hospital	....	....	....	....	....	4	—
						<u>137</u>	<u>10</u>	
Place of birth for those under three months.								
Own home	....	....	....	....	....	16	—
Alexandra Maternity Home	....	....	....	....	....	2	—
Freedom Fields Hospital	....	....	....	....	....	3	1
Flete Maternity Home	....	....	....	....	....	1	1
						<u>22</u>	<u>2</u>	
Type of feeding in those under six months.								
Breast	....	....	....	....	....	7	—
Liquid milk	....	....	....	....	....	1	—
National dried milk	....	....	....	....	....	35	6
Breast and National dried milk	....	....	....	....	....	1	—
Proprietary dried milk	....	....	....	....	....	11	1
						<u>55</u>	<u>7</u>	
Severity.								
Severe	....	....	....	....	....	46	6
Standard of mothercraft :—								
Good	...	...	...	...	...	30	
Fair	...	...	...	...	...	11	
Poor	...	...	...	...	...	5	
						<u>46</u>		
Moderate	....	....	....	....	....	46	4
Mild	....	....	....	....	....	45	—
						<u>137</u>	<u>10</u>	
Standard of mothercraft (includes cleanliness).								
Good	....	....	....	....	....	83	6
Fair	....	....	....	....	....	39	4
Poor	...	....	....	....	....	15	—
						<u>137</u>	<u>10</u>	

Sanitation.

Good	....	....	....	....	....	78	3
Satisfactory	....	....	....	....	....	44	6
Poor	....	....	....	....	....	15	1
						<hr/> 137	<hr/> 10
						<hr/> <hr/>	<hr/> <hr/>

Contact with gastro-enteritis in the home 25 4

Seasonal incidence.

January	....	....	....	....	....	22
February	....	....	....	....	....	25
March	....	....	....	....	....	18
Remaining months from 7 to 10 each.						

Gastro-enteritis was generally not so prevalent as in 1951. The number of deaths from this cause in children under two was 2 less than in 1951, but twice as many as in 1950.

Nearly half the cases, and 8 of the deaths, occurred in the first three months of the year, and in connection with this, it should be noted that by the middle of January, influenza, of a type with sickness and sometimes diarrhoea, was prevalent in the city. Data are summarised in the preceding tables.

Again there is no evidence that unsatisfactory mothercraft or poor sanitation are responsible factors.

There is still an apparent greater incidence among artificially fed babies than amongst breast fed.

The local mortality rate is 2.86 per 1,000 live births compared with 1.1 for England and Wales.

Ophthalmia Neonatorum. Nine cases were notified. One hospital and one district case were of moderate severity, the remaining seven, all district cases, were mild infections. In no instance was the gonococcus isolated, or vision impaired.

Municipal midwives continue not to use any antiseptic prophylactic and once again the results are satisfactory.

(a) Notified by general practitioners	....	....	3 cases
(b) Notified by Royal Eye Infirmary	....	....	6 „
			<hr/> 9 „ <hr/>
Out-patient treatment	....	....	8
Treated at home	....	....	1
			<hr/> 9 <hr/>
Attendant at delivery.			
Municipal midwife	....	....	6
Flete Maternity Home	....	....	1
Freedom Fields Hospital	....	....	—
Three Towns Nursing Association midwife	....		2
			<hr/> 9 <hr/>
Onset.			
Within 5 days	....	....	6
8-17 days	....	....	3
			<hr/> 9 <hr/>
Vision unimpaired	....	....	9
			<hr/>
Duration of treatment.			
1 week or less	....	....	1
8-14 days	....	....	4
15-21 days	....	....	1
Over 21 days	....	....	3
			<hr/> 9 <hr/>

Circular 2866—

Care of illegitimate children and moral welfare work.

Unmarried mothers are specially cared for by our full-time moral welfare officer and, when it is considered desirable, are sent to Rosemundy House at St. Agnes, Cornwall, or to the Salvation Army Home at Dunmore, near Exeter. Twenty-four went to these homes in 1952. An annual grant is given by the Local Health Authority to the Home for expectant mothers at Southview, Plymouth, and girls may be referred there, too, by our moral welfare officer.

Summary of work covered :—

Cases in hand from 1951	...	...	...	...	277
Cases reported in 1952	...	...	...	139	
Cases re-opened in 1952	...	...	...	30	
				—	169

Reported by :—

M. & C.W.	...	...	...	...	48
Medical practitioners	...	...	...	14	
Themselves and others interested	...	...	...	42	
Social workers in other towns	...	...	...	6	
Hospital almoners and maternity hospitals	...	...	...	30	
National Assistance Board	...	...	...	9	
Public officials	...	...	...	10	
Social workers	...	...	...	10	
				—	169
				—	

Cases dealt with :—

Unmarried mothers	...	...	...	...	372
Married women	...	...	...	...	74
				—	446
No. of interviews	...	...	...	...	2,071
No. of visits	...	...	...	...	404

Cases were dealt with as follows :—

Work found for	...	...	...	...	...	44
Grants, etc., administered	...	...	...	...	...	83
Helped and advised	...	...	...	...	...	49
Kept in touch through club	...	...	...	...	...	70
Kept in touch through correspondence	...	...	...	...	...	45
Layettes, clothing, etc., obtained for	...	...	...	...	...	47
Affiliation orders obtained through Court	...	...	...	...	...	6
Affiliation orders obtained through private agree-	...	...	...	...	...
ment	...	...	...	...	...	7
Affiliation investigations	...	...	...	...	...	40
Foster homes found for	...	...	...	...	...	10
Adoptions arranged for	...	...	...	...	...	4
Taken to residential nurseries	...	...	...	...	...	14
Girls in moral danger helped and advised	...	...	...	...	...	10
Taken to Homes :—						
„ „ Rosemundy	12					
„ „ Southview	6					
„ „ Dunmore	12					
„ „ Shelter awaiting						
confinement	1					
„ „ St. Mary's	1					
Put in touch with social workers in other towns						13
Returned to home in other towns	...	...	...	...	...	2

The numbers are reduced this year as the moral welfare officer was away for nearly three months on sick leave. Our thanks are due to the St. John's Ambulance Brigade for arranging escorts, some of whom have taken very long journeys ; to the W.V.S. for layettes,

clothing, baby clothes ; to the senior officers of the Employment Exchanges and Youth Bureau, and to several large business firms for their help in finding employment for our girls, to many social workers in all parts of the country for their help and co-operation, and to many others interested in the work who have given gifts, including a piano, prams, clothing and toys. We are greatly indebted, too, to Dr. Barnardo's and the Church of England Children's Society for grants, which make it possible for our girls to keep their babies. One month we received over £100 from Dr. Barnardo's. Quite a large sum is administered through this office in respect of grants and allotments made by the putative fathers.

The Club has continued to function throughout the year. Many interesting talks have been given and we would like to take the opportunity of thanking ladies and gentlemen who have given talks and taken the chair on these occasions. We have also had a number of interesting excursions which included the N.A.A.F.I., the Power Station, the B.B.C., Post Office Sorting Office, etc., and would like to thank those who made these visits possible.

We are trying to do more in the Club to encourage religion and have had a number of services which have been much enjoyed. The annual carol service was held as usual at Christmas. We are indebted to those who have kindly taken these services.

A weekly feature of the Club which has been developed by the girls themselves is a confidential talk to discuss all sorts of problems. Very often the greater part of the evening is spent guiding and advising them, as some of the girls have absolutely no one else to whom they may turn.

We are very concerned about the number of young girls needing our help, and the boys of the same age who are responsible.

It is a great joy to us that during the year a number of our girls have married very nice men who have adopted the children. On occasions, the husbands accompany their wives to the Club.

Health Visiting.

The establishment of health visiting staff is :
1 superintendent health visitor, 20 health visitors and 5 T.B. Visitors. There were 3 T.B. visitors in 1948, and 4 from 1949 to the end of 1952. In 1952, T.B. visitors paid 2,961 home visits.

As regards health visitors, and this section from now on refers only to the work of health visitors, we were one under our number at the end of 1948, 1949 and 1950 ; two under it at the end of 1951, and three under it at the end of 1952. The total known case load was only a few hundreds less in 1952 than in 1948, so work is being carried on under very difficult conditions, especially as an increase of 3,600 acres was added to the City on the 1st April, 1951, without any increase of staff.

In 1951, one health visitor was given a car allowance to help her to cover this added rural area, and the other health visitors use public transport. Each health visitor has a district on which she is responsible for all the routine visiting, including the following :—

1. Ante-natal visits.
2. Birth notification visits.
3. Visits to children under five years.
4. Visits concerning infectious diseases, chiefly poliomyelitis, gastro-enteritis, meningitis, and measles.
5. Visits for general practitioners.
6. Visits for hospitals.
7. Visiting of old people.

In addition to their individual teaching of mothercraft during home visiting, health visitors give regular talks and demonstrations at our Centres, giving 263 in 1952. They also give mothercraft talks in the schools, giving 123 in 1952, and every other week a health visitor gives mothercraft instruction at the Mayflower Training Home for neglectful mothers, and at Virginia House Settlement. Lectures are also given to women's organisations when requested.

Although by far the greater part of the health visitor's time is spent on her original duty, namely, maternity and child welfare, her services are being used to an increasing extent by practitioners and hospital almoners. The best form of this is by direct personal contact.

On an average, three health visitors are sent to a refresher course each year. A training bursary of £50 a year was first offered in the spring of 1945 ; this was recently raised to £100. In all, nine bursaries have been granted, and at the end of 1952, five of our bursary health visitors were still working on our staff.

In 1952, health visitors paid 41,756 home visits and with 17,448 children under 5 (3,392 under 1 year) on the health visitors' lists, the average case load was 1,026, which is again much too high for satisfactory work.

Summary of visits paid during the year :—

Births	...	...	...	...	...	3,371
1st year visits	...	...	...	...	...	11,912
1st visits, 1–5 years	...	...	...	...	...	1,205
Re-visits, 1–5 years	...	...	...	...	...	17,502
1st ante-natal visits	...	...	...	...	...	583
Re-ante-natal visits	...	...	...	...	...	330
Visits <i>re</i> infectious diseases	...	...	...	...	...	322
After-care, hospital cases	...	...	...	...	...	91
After-care, doctors' cases	...	...	...	...	...	32
Special visits	...	...	...	...	...	731
Futile visits	...	...	...	...	...	5,677
						<u>41,756</u>

The 322 visits in connection with infectious diseases are made up as follows :—

Ophthalmia neonatorum	...	...	...	...	1
Enteritis	...	...	...	...	192
Poliomyelitis	...	...	...	...	24
Cerebro-spinal meningitis	...	...	...	...	30
Measles	...	...	...	...	74
Dysentery	...	...	...	...	1
					<u>322</u>

Child Welfare Centres. There are eleven Maternity and Child Welfare Centres at which the following sessions are held each week :—

Child welfare	...	...	...	...	19 sessions
Diph. immunisation and vaccination	...	...	...	...	10 sessions
Ultra-violet light	...	...	...	...	4 sessions
Breast feeding	...	...	...	...	1 session
Observation play group	...	...	...	...	1 session

During 1952, attendances at these sessions were :—

			<i>First attendances</i>	<i>Re- attendances</i>
Child welfare	...	...	2,829	37,733
Ultra-violet light	...	...	365	6,418
Breast feeding	...	...	55	21
Observation play group	...	...	71	652

The use made of these Child Welfare Centres before and since the National Health Service came into being is shown by the following figures of first attendances :—

1945	1948	1949	1950	1951	1952
2,323	3,373	3,242	2,858	2,890	2,829

No consultant clinics are provided, but the hospital consultant clinic service is available when required. No assistance has been given to general practitioners at clinics held in their own surgeries. It would be quite impossible to do this with our much depleted health visitor staff. A health visitor, however, attends at Raglan Barracks once a week to run a baby session at the Army Social Welfare Club. Since the appointment of a paediatrician in this area, early in 1952, a health visitor has attended each of his two out-patient sessions at the hospital, taking it in turn to do this on a three-monthly rota.

We started 1952 with 18 sessions, opened an additional session at Crownhill Centre on Tuesday afternoons, on 3rd June, thus ending the year with 19 sessions each week. 137 more babies attended our centres during the year, but 256 fewer 1-5-year-olds.

There was a very considerable difference in the attendances at different centres, the average varying from 17 to 57 and the overall average being 42.6 per session. See Table 40a for a summary of work done.

The attendances at Beacon Park cr che, which is open on Friday afternoons, were only about half those of previous years, and were as follows :—

No. of sessions ...	...	...	...	...	37
Total attendances ...	...	...	...	...	294
Average attendance per session	...	...	...	...	7.9

This cr che has been opened since 8th November, 1946, and is run by a voluntary staff.

Breast-feeding Clinics. Although less use was made of this clinic than previously, much helpful work was done. About 50 per cent of the babies remained breast fed for over three months.

No. of sessions held ...	...	...	...	...	41
First attendances ...	...	...	...	...	49
Re-attendances ...	...	...	...	...	21

Observation Play Circle. Seventy-one children, including 18 from 1951, attended, the total attendances being 723. Mrs. Hamley reports that she had to restrict attendances for some months when her special voluntary helper was away. It is with the greatest pleasure that we record once again our appreciative thanks to Mrs. Hamley and her assistants for the many family problems and difficulties they help to resolve by their devoted work in this observation play circle.

	Beacon Park.	Beaumont Hul.	Crownhill.	Devonport Park.	Efford.	Ernesettle.	Honicknowle.	Laira	Peverell.	St. Budeaux.	Town Hall.	Totals.
No. of sessions held ...	101	257	83	104	50	53	49	51	50	103	51	952
No. of babies entered on register ...	471 (311 1st)	1075 (678 1st)	410 (240 1st)	401 (280 1st)	135 (82 1st)	141 (87 1st)	184 (112 1st)	99 (59 1st)	234 (125 1st)	358 (230 1st)	287 (192 1st)	3795 (2396 1st)
No. of children entered on register ...	278 (42 1st)	665 (110 1st)	343 (72 1st)	223 (59 1st)	69 (8 1st)	82 (20 1st)	147 (21 1st)	41 (10 1st)	148 (9 1st)	267 (33 1st)	196 (49 1st)	2459 (433 1st)
Total ...	749 (353 1st)	1740 (788 1st)	753 (312 1st)	624 (339 1st)	204 (90 1st)	223 (107 1st)	331 (133 1st)	140 (69 1st)	382 (134 1st)	625 (263 1st)	483 (241 1st)	6254 (2829 1st)
No. remaining on register on 31.12.52 :												
Babies ...	246	539	372	256	86	68	95	56	117	191	188	2264
Children ...	445	1044	306	340	109	134	202	74	221	383	258	3516
Total ...	691	1633	678	596	195	202	297	130	338	574	446	5780
No. of babies weighed and mothers advised ...	3797	9991	2745	2864	896	1055	1562	720	2099	3028	1951	30708
No. of children weighed and mothers advised ...	1200	3089	1128	760	260	289	581	177	788	968	614	9854
Total ...	4997	13080	3873	3624	1156	1344	2143	897	2887	3993	2565	40562
Doctors' consultations ...	1324	3372	1177	1538	358	404	581	370	610	1362	890	11985
Average attendances per session ...	49.5	50.9	46.7	34.8	23.1	25.4	43.7	17.6	57.7	38.8	50.3	42.6
Diphtheria Immunisation:												
No. of 1st attendances	182	483	189	202	55	91	98	56	—	216	133	1705
No. of re-attendances ...	513	1274	424	451	171	226	288	111	—	618	302	4378

Health talks given by :—(a) Superintendent Health Visitor ... 126
(b) Health Visitors ... 263

Attendances at clinics by :—(a) Health Visitors ... 2978
(b) S.R.Ns. ... 2730

**Ultra-Violet
Light Clinics.**

Two weekly sessions continue to be held at Stonehouse and St. Budeaux centres. Attendances have been as follows :—

	<i>Stonehouse</i>	<i>St. Budeaux</i>
No. of sessions	103	100
1st attendances	192	173
Transfers from 1951	31	37
Re-attendances	3,258	3,092
Average attendance	33.8	33

**Supply of Dried
Milks, etc.**

The distribution of the Ministry of Food, National dried milk, orange juice, cod liver oil and A. & D. tablets, at our ante-natal and child welfare clinics is a well-established service. Prior to October, 1949, the Ministry supplied the distributive staff, and controlled the service. Subsequently, by agreement with the food executive officer, these duties were lined up with those of the existing maternity and child welfare centre clerks. Stock replacements are made direct to the clinics by the Food Office. The approximate yearly distribution of welfare foods at our Centres is as follows :—

30,000 tins of national dried milk.
20,000 bottles of orange juice.
7,000 bottles of cod liver oil.
2,000 packets of A and D tablets.

Certain other dried milks and nutrients are also available at all our Centres, when advised by the medical officer in charge. All the work in connection with the distribution of food and nutrients is undertaken by members of the clerical staff of the maternity and child welfare department.

**Ante-natal and
Post-natal**

At the end of 1952 there were the equivalent of sixteen full-time ante-natal sessions each week (actually eighteen sessions in all, but four are half sessions). These are held at ten maternity and child welfare centres, situated in various parts of the City, and are attended by both domiciliary and hospital cases. A health visitor takes charge of each clinic, and midwives attend as much as possible. All bookings of normal cases for hospital maternity beds come through these clinics, so that the patient's circumstances can be investigated and the beds allocated to those whose need is greatest.

Patients booked for the Alexandra Maternity Home beds are referred there for ante-natal care, but those booked for Freedom Fields Hospital and Flete Maternity Home continue to attend the local authority clinics until the thirty-fourth week when they are referred with a summary of their notes to the hospital ante-natal clinic. This latter procedure is a continuation of a system that had existed and worked well for many years prior to the introduction of the National Health Service. Routine W.R. and Rh. tests are done at all municipal ante-natal clinics, and tests are also done for general practitioners, when requested. Consultant opinion is obtainable, when required, from the hospital consultant clinics. For post-natal care, mothers attending these clinics who are not doctors' booked cases are referred by special appointment to a post-natal clinic held at Freedom Fields Hospital on Monday afternoons, or to a local authority post-natal clinic held at St. Budeaux Centre on the first and third Wednesday mornings of each month.

The extent to which these municipal ante-natal clinics are used is indicated in the following table of new cases attending for the first time :

<i>Year</i>	1945	1948	1949	1950	1951	1952
New cases ...	2,017	2,458	2,604	2,417	2,361	2,086
Total notified Live Births ...	3,824	4,036	3,731	3,570	3,563	3,475

Having regard to the fall in the number of births, there has not been any material alteration in the number of women attending the ante-natal clinics. A large proportion of them are hospital booked cases.

The medical staffing of the clinics is largely by full-time medical officers, only three sessions per week are taken by two general practitioners.

In February, 1950, after discussions between the local medical practitioners and the Medical Officer of Health, agreement was reached in the following terms :

“ It is customary to ask each mother on first attending at the clinics what arrangements she has made or wishes to make for her confinement. If she is being confined at home, and if she has not already engaged a doctor, she will now be told of her right to do so.

When a general practitioner is providing maternity medical services, the expectant mother will be referred to him or her, if the occasion arises, for domiciliary ante-natal treatment. The mother will also be referred to the practitioner at the thirty-sixth week with a report on her progress to date.

The general practitioner, at his examination, at the thirty-sixth week, will decide whether his patient is to be referred back to the clinic, or to remain under his immediate care. If referred back to the clinic, the general practitioner should send a report to the clinic medical officer.

If the opinion of an obstetric consultant is required, whilst the mother is attending the ante-natal clinic, the clinic medical officer will, except in an emergency, first consult with the general practitioner concerned, to ascertain whether he prefers to refer the mother to the consultant himself, or whether he agrees that the clinic medical officer should do so. General practitioners will be welcomed on any visit to the clinic, and they are asked to inform expectant mothers of the facilities available, at the ante-natal clinics, and to advise them to attend.”

Since then, efforts have been made to bring the general practitioner obstetrician into the ante-natal clinic—so far without success.

In addition, the Three Towns Nursing Association, a voluntary Association financed by the Local Authority, provides one ante-natal session every week, and two post-natal sessions per month, for its own booked district cases, staffed by two general practitioners.

Maternity Outfits are obtainable in the last month of pregnancy at our centres on production of a special certificate from the midwife booked. Our midwives also hold outfits for emergency use.

Ante-natal data for 1952

One hundred and forty-one fewer primiparae and one hundred and forty-four fewer multiparae came up for the first time, as compared with the previous year.

No. of expectant mothers who attended municipal ante-natal clinics during the year	...	...	2,708
Average attendance per session during the year	...	...	12.9
No. confined in 1952	...	...	1,949*
No. aborted in 1952	...	...	30
No. of the above confined in Freedom Fields Hospital	...	...	427
No. confined at Flete	...	...	271
No. confined at Alexandra Maternity Home	...	...	485
No. confined Municipal midwives	...	...	740
No. confined T.T.N.A. midwives	...	...	22
No. confined private Nursing Home	...	...	1
No. confined private midwives	...	...	3
No. left Plymouth	...	...	139

* Includes 41 stillbirths.

Character of labour in 1,949 confinements :—

Spontaneous	...	...	1,753
Instrumental	...	...	85
Caesarean	...	...	33
Induction	...	...	77
Bimanual	...	...	1

The following abnormalities were found in cases attending for the first time in 1952 :

1. Contracted pelvis :—

Minor	...	...	13
Major	...	...	7
2. Toxaemia	...	...	82
3. Syphilis	...	...	8
4. Cardiac diseases	...	...	14
5. Respiratory diseases	...	...	26
6. Anaemia, marked	...	...	15

Routine Wassermann tests have been done at our ante-natal clinics since April, 1943, with the following results :—

					No. done	No. positive
1943	...	...	...	...	825	5
1944	...	...	...	...	1,001	16
1945	...	...	...	...	774	7
1946	...	...	...	...	376	1
1947	...	...	...	...	1,109	9
1948	...	...	...	...	2,082	20
1949	...	...	...	...	1,840	21
1950	...	...	...	...	1,498	8
1951	...	...	...	...	1,035	22
1952	...	...	...	...	1,010	5

ANTE-NATAL CENTRES.

	Beacon Park	Beaumont Hut	Crownhill	Devonport Park	Efford	Ernesettle	Honick- nowle	Laira	St. Budeaux	Town Hall	Totals
No. of sessions held ...	103	251	53	100	24.5	25.5	25.5	24	101	99	806.5
1st attendances	98 } Pr. 180 } M. - } N.P.	315 } 377 } 19 }	50 } 88 } 2 }	145 } 162 } 11 }	22 } 69 } 2 }	6 } 28 } - }	5 } 38 } 1 }	7 } 23 } - }	64 } 114 } 8 }	94 } 150 } 8 }	806 } 1229 } 51 }
Re-attendances ...	1251	2619	685	897	398	258	249	122	762	1018	8259
Post-natal attendances	-	-	-	-	-	-	-	-	-	1	1
re-attendances	-	-	-	-	-	-	-	-	-	1	1
1st attendances	2	11	-	-	-	-	-	-	-	7	20
Miscellaneous	-	-	-	-	-	-	-	-	-	3	3
Total attendances	280 } 1251 }	722 } 2619 }	140 } 685 }	318 } 897 }	93 } 398 }	34 } 258 }	44 } 249 }	30 } 122 }	186 } 762 }	260 } 1022 }	2107 } 8263 }
Average per session ...	14.9	13.3	15.6	12.2	20	11.5	11.5	6.3	9.4	12.9	12.9
Consultations ...	1480	3288	818	1146	487	290	290	152	938	1274	10163
No. of transfers from 1951, and other clinics ...	79	171	44	139	28	21	17	9	43	50	601
Total No. of women attending during 1952	357 } - } 2 }	882 } - } 11 }	184 } - } - }	457 } - } - }	121 } - } - }	55 } - } - }	61 } - } - }	39 } - } - }	229 } - } - }	302 } 1 } 7 }	2687 } 1 } 20 }
A.N.											
P.N.											
Misc.											

Routine Rh. testing has been done since 1948. Results are as follows :—

					<i>No. done</i>	<i>No. negative</i>
1948	...	...	...	...	1,996	321
1949	...	...	...	...	1,840	363
1950	...	...	...	...	1,495	344
1951	...	...	...	...	1,062	229
1952	...	...	...	...	1,022	199

Post-natal data for 1952

Midwives' domiciliary cases attend by appointment at Freedom Fields Hospital or St. Budeaux Centre for post-natal examination, and although only 31 per cent of those notified attended this is just a little better than last year's figure of 25 per cent.

Attendance and clinical findings for the year were as follows :—

					<i>St. Budeaux</i>	<i>Freedom Fields Hospital</i>
No. of women given an appointment	...			...	212	336
No. of first attendances	...	...	...	...	69	102
No. of re-attendances	...	...	...	...	61	12
No. requiring advice or treatment	...			...	68	24
No. referred to hospital as in-patients					—	1
No. referred to gynaecologist	...	...		...	2	2
Torn or deficient perineum	...	...		...	31	7
Cervical tears	...	...	...	...	13	2
Cervical erosions	...	...	...	...	33	15
Cervical polypus	...	...	...	...	—	1
Cervicitis	...	...	...	...	1	1
Cystocele	...	...	...	...	15	4
Rectocele	...	...	...	...	3	2
Lax vagina	...	...	...	...	32	3
Vaginitis	...	...	...	...	2	1
Vaginismus	...	...	...	...	1	—
Torn vagina	...	...	...	...	1	—
Sub-involuted uterus	...	...	...	...	3	1
Retroversion of uterus	...	...	...	...	22	7
Lax abdomen	...	...	...	...	39	11
Ventral hernia	...	...	...	...	1	—
Ovarian cyst	...	...	...	...	—	1
Trichomonal infection	...	...	...	...	—	1
Percentage of first attendances	...			...	32.5	30.3

Flete Maternity Home.	Plymouth mothers confined at Flete during 1952	...	...	...	...	263
	Devon County mothers confined at Flete during 1952	...	...	...	...	226
	Cornwall County mothers confined at Flete during 1952 (emergency)			...	...	1
						<hr/> *490 <hr/>

* This is 121 fewer than in 1951.

Mass Radio-
graphy of
Expectant
Mothers.

Six hundred and two out of 1,019 referred attended for mass radiography during the year, and 9 women were found to have lesions in the lung requiring either immediate treatment or further careful observation.

Health Talks
to Expectant
Mothers.

A special course of lectures and demonstrations is given by a health visitor at our ante-natal clinics covering the following syllabus :—

1. Introduction.
2. Pelvic anatomy
3. Story of fertilisation.
4. Birth of baby.
5. Care of the breasts and breast feeding.
6. Routine of an expectant mother's day.
7. Clothes for expectant mother, and child.
8. Food diet.
9. Bathing baby.
10. Preparation of artificial feeds.
11. How to avoid infection, especially regarding baby.

Supervision of
Midwives.

Number notifying their intention to practice	82
Number on register at end of year	82

	<i>As Midwife</i>	<i>As Maternity Nurse</i>
Municipal (including non-medical supervisor of midwives) ...	19	—
In private practice	5	5
T.T.N.A.	14	—
Alexandra Maternity Home ...	19	—
Freedom Fields Hospital	16	—
Charlton Nursing Home	—	4
	73	9

Of the 10 midwives in private practice, one had 29 cases, one 8, one 6, one 2, five had 1 only each, and one had no cases at all.

Approximately 74 per cent of the notified births (district and institutional) were conducted by midwives only.

District cases attended by midwives	1,337
District cases attended by midwife acting as maternity nurse	336
*Institutional cases attended by midwife	1,455
* Institutional cases attended by midwife acting as maternity nurse	646
	3,774

* Includes maternity and nursing homes and hospitals.

Medical Aid was sought by midwives in 449 cases for the following reasons :—

(i) *For mother during pregnancy*

Toxaemia of pregnancy	...	...	...	...	9
A.P.H.	...	...	...	...	18
Miscarriage	...	...	...	...	3
Threatened abortion	...	...	...	...	7
Urinary infection	...	...	...	...	2
Pyelitis	...	...	...	...	1
Fainting attacks	...	...	...	...	1
? Pulmonary thrombosis	...	...	...	...	1
? Post-maturity	...	...	...	...	1
					— 43

(ii) *For mother during labour*

Ruptured perineum	...	...	...	...	176
Prolonged labour	...	...	...	...	60
Difficult labour	...	...	...	...	7
Malpresentation	...	...	...	...	7
Adherent placenta	...	...	...	...	8
Episiotomy	...	...	...	...	3
Foetal or maternal distress	...	...	...	...	12
Premature labour	...	...	...	...	11
P.P.H.	...	...	...	...	4
R.O.P.	...	...	...	...	1
Hysterical patient	...	...	...	...	2
Vulval or vaginal laceration	...	...	...	...	4
Collapse	...	...	...	...	2
Raised blood pressure	...	...	...	...	1
Stillbirth	...	...	...	...	1
Placenta praevia	...	...	...	...	1
					— 300

(iii) *For mother during puerperium*

P.P.H.	...	...	...	...	12
Raised temperature	...	...	...	...	22
Varicose veins	...	...	...	...	6
Rise in pulse rate	...	...	...	...	1
Rash	...	...	...	...	1
Chest condition	...	...	...	...	1
Haemorrhage	...	...	...	...	1
Mastitis	...	...	...	...	4
Hyperpyrexia and enlarged glands	...	...	...	...	1
Anaemia	...	...	...	...	1
? Inguinal hernia	...	...	...	...	1
Eclampsia	...	...	...	...	1
Abdominal pain	...	...	...	...	1
Inflamed swelling—hip	...	...	...	...	1
Rigor (medical aid sought	...	...	...	...	1
Stillbirth (by relatives	...	...	...	...	1
					— 56

(iv) *For infant*

Feeble infant	...	...	...	...	...	3
Discharging eyes	...	...	...	...	...	14
Unsatisfactory condition	...	...	...	...	...	8
Prematurity	...	...	...	...	...	6
Cyanosis	...	...	...	...	...	1
Cold or nasal discharge	...	...	...	...	...	6
Asphyxia	...	...	...	...	...	3
Excessive vomiting	...	...	...	...	...	3
Spina bifida	...	...	...	...	...	1
Rash	...	...	...	...	...	1
Injury to arm	...	...	...	...	...	1
Anuria	...	...	...	...	...	1
Cleft palate	...	...	...	...	...	1
Cerebral irritation	...	...	...	...	...	1
					—	50
						<hr/> 449 <hr/>

Other notifications received from midwives under Central Midwives' Board rules :—

Notification of artificial feeding	...	...	...	317
Notification of stillbirth	...	...	...	11
Notification of death	...	...	...	3
Notification of having laid out a dead body	...	...	...	8
Notification of liability to be a source of infection	...	...	...	20

Domiciliary Midwifery.

The domiciliary midwifery is covered by the municipal midwifery service and the Three Towns district midwifery service.

(a) *Municipal Service.* The establishment is eighteen midwives, including the premature baby midwife, but there were seventeen at the end of 1952. These midwives reside in various districts of the City. Some live alone and in each of three areas, two, who are friends, live together. Since 1944, houses or flats have been provided by the Local Authority for newly appointed staff, when required. Each midwife books her patients within a defined area, and relief work is carried out by colleagues in adjoining districts. All are qualified to give gas and air, and each has a Minnitt's machine as part of her equipment. Each midwife now has her own car, for which she receives a yearly allowance, and is therefore able to take her gas and air machine with her to every delivery. Sterile gowns, masks, gloves, etc., are used at all

deliveries, and additional sterile equipment is carried for the doctor's use, should one be present. The day-to-day administration and supervision of the midwifery service is the responsibility of the non-medical supervisor of midwives under the medical supervision of the maternity and child welfare medical officer. Close liaison exists between doctors and midwives in regard to bookings and ante-natal care of patients. General practitioners are booked to provide maternity medical service in about 50 per cent of cases. Midwives' cases—apart from doctors' booked cases—attend the municipal maternity clinics for medical supervision and general mothercraft instruction. The midwives themselves are frequently in attendance at these ante-natal clinics and see their patients there as well as in the home. Where a doctor is engaged to provide maternity medical service, the midwife also carries out the full ante-natal supervision required of her as a midwife.

- (b) *Three Towns Nursing Association District Midwifery.* This Association acts as an agent of the Local Health Authority and five midwives, living in a hostel, book cases anywhere within the City boundary. For transport they use cars provided for them by the Association. The Institution is responsible for its own day-to-day administration and for running its own ante-natal and post-natal clinics which are staffed by two general practitioners.

The few midwives who remain in private practice in the City are visited regularly by the non-medical supervisor of midwives and kept up-to-date with Central Midwives' Board requirements. Hospital midwives are visited about once a year by the maternity and child welfare medical officer, who also pays periodical visits to midwives in nursing homes.

A flying squad and consultant service from Freedom Fields Hospital has been available on the district since 1937.

The Hospital Management Committee has asked the Medical Officer of Health to undertake the booking of all maternity beds for normal cases on social grounds.

When an application is received for a hospital bed on social grounds, the home is visited by a midwife and a report is made on the conditions found. These reports are dealt with by the non-medical supervisor and by the senior maternity and child welfare medical officer, who makes the final decision in cases of doubt.

Refresher Courses. No refresher courses have been held here by the Local Authority since 1937, but two midwives have been sent away each year to a course organised by the Royal College of Midwives.

The Training of Pupil Midwives. The Three Towns Nursing Association is a Part 2 training school run by a Queen's superintendent. It is financed by the Local Authority, and the average number of pupils in training at any one time is ten.

The following is a summary of the work done in 1952 :—

Municipal Midwifery Service

No. of cases attended :—

Midwife only	...	...	...	...	...	544
Midwife with doctor under Maternity Medical Service :—						
as midwife	...	...	...	...	...	506
as midwife with doctor	...	...	...	...	...	138
						<hr/> 1,188 <hr/>
No. of cases booked	...	...	...	...	...	1,502
No. of gas and air administrations :—						
as midwife	...	...	...	...	...	777
as maternity nurse	...	...	...	...	...	98
						<hr/> 875
No. of instrumental deliveries :—						
as midwife	...	...	...	...	...	38
as maternity nurse	...	...	...	...	...	27
						<hr/> 65
No. of emergency deliveries	...	...	...	...	...	11
No. of emergency deliveries transferred to Freedom Fields Hospital	...	...	...	...	...	1
No. of booked miscarriages	...	...	...	...	...	4
No. of emergency miscarriages	...	...	...	...	...	3
No. of patients transferred to hospital for confinement	...	...	...	...	...	20
No. of patients transferred to Hospital after confinement	...	...	...	...	...	8
No. of ante-natal visits paid	...	...	...	...	...	9,832
No. of ante-natal clinic visits paid	...	...	...	...	...	786
No. of babies who were :—						
(a) entirely breast fed during first two weeks	...	...	...	...	...	906
(b) partly breast fed during first two weeks	...	...	...	...	...	38
(c) artificially fed during first two weeks	...	...	...	...	...	211
						<hr/> 1,155 <hr/>
No. of accouchement sets issued during the year						1,266

Three Towns Nursing Association

No. of midwives provided	5	
No. of midwives qualified to give gas and air anal- gesia	5	
No. of cases attended :—		
Midwife only	107	
Midwife with doctor under Maternity Medical Service :—		
as midwife	164	
as maternity nurse	167	
	—	438
No. of bookings		549
No. of gas and air administrations		369
No. of instrumental deliveries :—		
as midwife	5	
as maternity nurse	10	
	—	15
No. of emergency deliveries		7
No. of booked miscarriages		4
No. of emergency miscarriages		32
No. of cases transferred to hospital for confinement		21
No. of cases transferred to hospital after confine- ment		3
No. of ante-natal visits paid		4,470
No. of notifiable puerperal pyrexia cases ...		15
No. of babies who were :—		
(a) entirely breast fed during the first two weeks	369	
(b) partly breast fed during the first two weeks	20	
(c) artificially fed during the first two weeks ...	38	
	—	427
No. of cases in which medical aid was summoned :—		
(a) where the medical practitioner has arranged to provide maternity medical services ...	49	
(b) others	48	
	—	97
No. of accouchement sets issued during the year ...		443

Fees paid to Doctors. A total of one hundred and seventy-two accounts were dealt with under Section 14 of the Midwives' Act, 1951, the amount payable being £591. 6s. 5d. This is £66 less than in 1951.

Maternity and Nursing Homes. At the end of the year there were still only two registered nursing homes in Plymouth, and one ante-natal hostel registered as a maternity home. One nursing home admits medical, surgical and maternity cases, the other chronic cases only. Routine visits of inspection were paid to these homes.

Maternal Mortality. There were six maternal deaths of which four were classified as solely due to the pregnancy. In these four the cause of death was ruptured uterus (2), toxæmia (1), hæmorrhage following criminal abortion (1).

One was an outward transfer and with three deaths counting to Plymouth the maternal mortality rate is 0.84 per 1,000 births, which is a little higher than the corresponding rate for England and Wales.

TOTAL PUERPERAL MORTALITY.

Year	ENGLAND AND WALES		PLYMOUTH	
	Per 1,000 total births		Per 1,000 total births	
	Including abortions	Excluding abortions	Including abortions	Excluding abortions
1942	2.17	1.01	3.44	3.09
1943	2.29	1.84	3.6	2.7
1944	1.93	1.53	2.79	2.24
1945	1.79	1.44	4.32	3.56
1946	1.43	1.24	1.36	1.36
1947	1.17	1.01	0.65	0.65
1948	1.02	0.86	0.48	0.48
1949	0.98	0.82	1.29	1.03
1950	0.86	0.72	0.55	0.55
1951	0.79	0.65	0.54	0.54
1952	0.72	0.59	0.84	0.56

Puerperal Pyrexia. Total notifications, 36. Belonging to Plymouth, 28. The puerperal pyrexia rate is therefore 7.8 per 1,000 births, which is much less than the rate of 17.87 for England and Wales.

PLACE OF CONFINEMENT				
Own home	...	...	...	15
Freedom Fields Hospital	...	...	...	13
Alexandra Maternity Home	...	...	...	7
Charlton Nursing Home	...	...	...	1
				—
				36
				==
WHERE TREATED				
Own home	...	...	...	15
Freedom Fields Hospital	...	...	...	13
Alexandra Maternity Home	...	...	...	7
Charlton Nursing Home	...	...	...	1
				—
				36
				==

PARITY							
Primip	...	...	...	...	...	...	11
Multip	...	...	...	...	...	...	25
							<hr/>
							36
							<hr/>
CAUSE OF PYREXIA							
Sepsis	...	...	...	...	...	...	21
Following spontaneous labour	...	...	...	...	...	...	4
„ instrumental labour	...	...	...	...	...	...	1
„ induced labour	...	...	...	...	...	...	2
„ Caesarean section	...	...	...	...	...	...	5
„ P.P.H.	...	...	...	...	...	...	2
„ episiotomy	...	...	...	...	...	...	2
„ laceration of labia	...	...	...	...	...	...	2
„ retained membranes	...	...	...	...	...	...	3
Thrombo-phlebitis	...	...	...	...	...	...	1
Tonsillitis	...	...	...	...	...	...	1
Mastitis	...	...	...	...	...	...	2
Pulmonary embolism	...	...	...	...	...	...	1
Corzya and bronchitis	...	...	...	...	...	...	1
Phlebitis of leg	...	...	...	...	...	...	1
Collapse of lung following trilene anaesthesia	...	...	...	...	...	...	1
Pyelitis	...	...	...	...	...	...	1
Urinary infection (4 B. coli)	...	...	...	...	...	...	5
Following P.P.H.	...	...	...	...	...	...	1
							<hr/>
							36
							<hr/>

Mothers' Advice Centre. Throughout the year the Plymouth Mothers' Advice Centre held one session every Tuesday evening at our Beaumont Centre, and towards the end of May opened a new session at our St. Budeaux Centre on Monday evenings for the convenience of mothers living at that end of the city. The honorary secretary reports that many more cases are being referred by general practitioners, and has submitted the following attendance figures :—

	<i>Beaumont Centre</i>	<i>St. Budeaux Centre</i>
No. of clinics held	52	28
New cases (sent by Local Authority, 45)	425	70
Return visits	1,463	22
Seen by doctor (new cases) ...	425	70
(re-visits) ...	109	6

Day Nursery. The Day Nursery at 2 Nelson Gardens has a maximum of 47 places, 12 under 2 and 35 over 2. It is a training nursery for the National Nursery Examination Board Certificate, taking four first-year and four second-year students. With the decreasing employment of women in the past few years, the total attendances of children at the nursery have fallen. Recent higher charges have also tended to reduce the number of children attending and the nursery has not been running to full capacity for some time.

	0-2 years	2-5 years
No. of children admitted during the year	22	23
No. of children discharged during the year	14	34
Average daily attendance during the year (excluding Saturday mornings)	6	19
No. of children on register at the end of the year	8	22

Nursery Students. The nursery students continue to do well and the number of applicants remains in excess of our needs. We had 24 students in training at the end of 1952.

During 1952, 9 students finished training and obtained the certificate of the National Nursery Examination Board, 5 of them obtaining also the diploma in infant care. This brings the number of total successes up to 56 out of a possible 59. Of these 9 girls, 3 are now in private posts, and 6 are employed as nursery staff ; 3 at Queensgate Nursery, 1 at Budshead Nursery, 1 at Hoe Street Nursery School and 1 in the nursery of a maternity hospital.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

Dental care of nursing and expectant mothers and children under school age has been part of the Plymouth maternity and child welfare scheme since 1927, and similar arrangements have continued since the National Health Service Act first made this care obligatory upon local health authorities. Although examination and treatment can be obtained during certain sessions at the school dental clinics, most of it is sought at the special maternity and child welfare dental clinic at Beaumont House, where the dental laboratory and X-ray Unit are also situated.

There are no means of accurately discovering the extent to which mothers and young children seek examination and treatment from private dentists, but it would seem reasonable to assume that this has increased since 1948. There is the present curious anomaly whereby a nursing or expectant mother can obtain the whole of her dental treatment, including the provision of any necessary dentures, free of charge from the local health authority, but if she is attended by a private dental practitioner under the National Health Service she is entitled to free treatment but she would have to pay for dentures.

There has been no great increase in the numbers treated at the Local Authority's clinic in recent years. For example :

	<i>Number Treated</i>	
	<i>Children</i>	<i>Mothers</i>
1932	185	197
1951	341	221
	(455)	(276)
1952	335	266
	(448)	(287)

(In brackets — No. examined)

In spite of the efforts of health visitors, the use made of the Local Health Authority's dental service for mothers and young children is disappointingly small.

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS.

1952

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	287	279	266	143
Children under Five years	448	354	335	262

	Anaesthetics		Extractions	Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
	Local	General							Complete	Partial
Expectant and Nursing Mothers	77	77	445	252	62	21	51	64	37	21
Children under Five Years	5	209	574	214	—	74	39	4	—	—

Sanitary Circumstances of the Area.

REPORT OF THE CHIEF SANITARY INSPECTOR,

MR. C. E. SANDERSON.

WATER SUPPLY.

Rainfall.

Whilst the total rainfall for the year was about equal to the average, the rainfall for the month of August was above average and it was not necessary to impose any restrictions on the use of water.

As a drought precaution, compensation water to the River Meavy was withheld and water was abstracted from the Sheepstor Brook for 55 days.

With a view to maintaining the purity of the supply, weekly samples are taken and submitted to bacteriological examination.

During 1952, 367 samples of water were examined with the following results :—

<i>Source</i>	<i>Total No. of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
From City Mains ...	324	121 (115 non faecal)	203 (63%)
From Wells and Springs	23	19 (11 non faecal)	4
From City Mains in neighbouring areas ...	20	10 (9 non faecal)	10
GRAND TOTALS ...	367	150 (135 non faecal)	217

River Tavy Scheme

It was planned to commence work in February, 1953, on the construction of a dam at Lopwell and ancillary works to make available additional water from the River Tavy. £90,000 worth of equipment and materials have been ordered, but the actual starting date has been postponed owing to Government restrictions.

Sterilisation. The main water supply has been treated with an average dose of 0.9 p.p.m. of chlorine gas and 0.05 p.p.m. of ammonia at Burrator.

In addition, an average dose of 0.25 p.p.m. of chlorine gas has been added to the water at the outlet from Crownhill Reservoir.

The Yelverton supply has been treated with 1.0 p.p.m. of chlorine in the form of “conchlor” and, to correct the pH, with soda ash.

Chemical Analysis. Eight samples of water were submitted for chemical analysis. The following table gives a summary of the results of these, the figures representing parts per 100,000 :—

CHEMICAL ANALYSIS OF WATER DURING 1952.
(parts per 100,000)

	<i>March</i>	<i>May</i>	<i>September</i>	<i>December</i>
Temporary Hardness ...	0.8	1.0	0.8	0.6
Permanent Hardness ...	2.8	1.5	2.6	1.7
Total Hardness ...	3.6	2.5	3.4	2.3
Chlorides as Chlorine ...	1.1	0.9	0.9	0.9
Ammonia, saline ...	0.0016	Nil	Nil	0.0012
Ammonia, albuminoid ...	0.0034	0.0030	0.0066	0.0046
Nitrates as nitrogen ...	Nil	Nil	Nil	Nil
Nitrites as nitrogen ...	Nil	Nil	Nil	Nil
Oxygen (absorbed 4 hrs. at 27°C.)	0.065	0.16	0.12	0.16
Metals (zinc, copper and lead) ...	Nil	Nil	Nil	Nil
pH value ...	8.4	8.0	7.1	6.8

Plumbo-solvency. An average of 6 cwt. of lime per day have been added to the water at Burrator to reduce the tendency to plumbo-solvency.

I am indebted to the City Water Engineer for part of the foregoing information.

SWIMMING POOLS.

Routine visits of inspection as well as visits for the purpose of taking samples for bacteriological examination are made to the swimming pools in the City.

RESULTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF WATER OBTAINED FROM BATHING POOLS IN THE CITY DURING 1952.

Source	<i>B. Coli</i> present in 100 ml.	<i>B. Coli</i> absent in 100 ml.
Tinside Bathing Pool	4 samples (23.5%) (non faecal)	13 samples (76.5%)
Mt. Wise Ladies' Bathing Pool	6 samples (35.3%) (non faecal)	11 samples (64.7%)
Mt. Wise Men's Bathing Pool	5 samples (35.7%) (non faecal)	9 samples (64.3%)
Mt. Wise Infants' Paddling Pool (Fresh water)	6 samples (37.5%) (5 non faecal)	10 samples (62.5%)
Mt. Wise Infants' Paddling Pool (Sea water)	5 samples (33.3%) (non faecal)	10 samples (66.7%)
Plymouth College Bathing Pool	3 samples (30.0%) (2 non faecal)	7 samples (70.0%)
Munday House	5 samples (55.5%) (non faecal)	4 samples (44.5%)
Glenholt Camp	4 samples (33.3%) (non faecal)	8 samples (66.7%)
GRAND TOTALS	38 samples (34.5%)	72 samples (65.5%)

SANITARY INSPECTION OF THE AREA.

Complaints Received.

During the year, 1,303 complaints of nuisances and housing defects were received and again the greater proportion were in respect of housing defects.

Flooding.

Following an exceptionally dry June and July, the City had its wettest day on record on Friday, August 15th, when 2.55 inches of rain fell. The previous wettest day on record was November 17th, 1916, when 2.27 inches fell, and the previous wettest day in August was in 1912, when on the 5th, 1.94 inches of rain fell.

The flooding which followed this record rainfall, combined with an abnormally high tide, affected almost all the low-lying parts of the town. Several complaints were received by the Department and the City Fire Brigade had to deal with very many emergency calls in connection with the flooding ; pumping to remove flood water was still being carried out twenty-four hours after the flooding had occurred.

Premises Inspected.

Details of inspections of various premises made during the year, together with the action taken following these inspections are shown in the table adjoining this page.

Prosecutions.

During the year it was necessary to arrange for the issue of twenty summonses for non-compliance with Abatement or other Statutory Notices. In nineteen of these cases, the works required by the notices were completed either before the Hearings of the cases or in the time specified by the Magistrates. In the remaining case, the Nuisance Order was not complied with in the time specified and it was necessary to refer it back to the Magistrates, who imposed a fine of £5 upon the owner. In addition, the owner of a property, in respect of which the Magistrates had made a Nuisance Order in 1951, was fined £2 for non-compliance with the Order. The works required to comply with these two Nuisance Orders were subsequently effected.

PREMISES
INSPECTED. The following table shows the number of inspections of various premises carried out during the year together with the number of Notices served.

Premises Inspected	Inspections or Visits	Intimation Notices served or Improvements required	Intimation Notices complied with or Improvements effected	Statutory Notices served during the year	Statutory Notices complied with during the year
Houses inspected (Public Health and Housing Acts) ...	5653	1911	—	—	—
Houses re-inspected (Public Health and Housing Acts)	15248	66	1984	378	381
No. of premises (other than houses) inspected for nuisances	696	99	94	—	—
No. of owners or contractors interviewed	1411	—	—	—	—
No. of houses visited <i>re</i> contacts of infectious diseases	18	—	—	—	—
No. of houses visited <i>re</i> notifiable diseases	316	—	—	—	—
No. of houses visited <i>re</i> other diseases	3	—	—	—	—
Visits regarding Food Poisoning	43	—	—	—	—
Accumulations	499	39	41	4	5
Butchers	763	59	58	—	—
Cinemas and Amusement places	17	1	—	—	—
Common Lodging Houses	41	8	7	—	—
Dairies and Milkshops	840	12	12	—	—
Fresh Fish Shops and Carts	90	8	8	—	—
Fried Fish and Chip Shops	347	32	37	1	—
Fruit and Vegetable Shops	22	3	2	—	—
Food Vehicles	119	11	8	—	—
Ice Cream premises	468	7	5	—	—
Knacker's Yards	8	2	1	—	—
Milk Vehicles	112	—	—	—	—
Nursing Homes	2	—	—	—	—
Offensive Trades	11	2	2	—	—
Outworkers'	103	—	—	—	—
Premises to examine foodstuffs	2241	—	—	—	—
Premises regarding Merchandise Marks Act	131	62	62	—	—
Provision shops	629	76	73	3	1
Public Conveniences	1062	209	200	—	—
Public Houses	369	73	70	3	3
Restaurants and other Food Preparation Premises ...	1595	128	132	3	1
Schools	101	18	16	—	—
Shops (under Shops Act)	674	41	55	—	1
Smoke observations	25	1	1	—	—
Swimming baths	121	—	—	—	—
Tents, Vans, Sheds, etc.	55	2	1	—	—
Tips	11	2	2	—	—
Houses inspected for infestation by rats or mice ...	1118	644	—	—	—
Houses re-inspected for infestation by rats or mice ...	1586	—	666	—	—
Premises other than houses inspected for infestation by rats or mice	407	239	—	—	—
Premises other than houses re-inspected for infesta- tion by rats or mice	1199	—	246	—	—
Rent Investigations	62	(See table on page 65)		—	—
Miscellaneous	2108	—	—	—	—
Water Courses	39	—	—	—	—

Rodent Control. The number of complaints of rats and mice infestation received during the year was 270.

The total number of inspections made by sanitary inspectors in connection with infestations was 4,310, of which 2,704 were in respect of private dwelling-houses and 1,606 in respect of business premises.

644 private dwelling-houses were found to be infested with rats or mice and by the end of the year 583 of these premises, together with 83 properties found to be infested towards the end of 1951, had been treated successfully.

With reference to premises other than private houses, inspections revealed rodent infestation in 239 instances, and during the year, 211 of these premises, together with 35 buildings which had been found to be infested towards the end of 1951 had been treated with success.

Of all the properties, both private dwelling-houses and business premises, which were found to be infested with rats, less than 5% were found to be seriously affected.

Owners and occupiers of properties co-operated readily with the Local Authority in works of rat destruction and proofing which had to be undertaken.

Rag Flock. During the year, two informal samples of filling materials were taken under the Rag Flock and Other Filling Materials Act and submitted for analysis. One of the samples failed to satisfy the requirements of the Rag Flock and Other Filling Materials Regulations in respect of "trash content". Subsequently a formal sample of the material was obtained and the "trash content" was also found to be in excess of the permitted maximum. A letter was sent to the manufacturers of the product in which they were warned regarding the quality of the filling material.

It should be pointed out that from a public health point of view a high trash content is not regarded as harmful and its chief drawback as far as the public are concerned is that it reduces the filling efficiency of the material.

Factories. Details of the sanitary inspection of factories under the Factories Act, 1937, are given in the following tables :—

1. Inspections :—

	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
Factories with mechanical power	652	82	—
Factories without mechanical power	113	5	—

2. Defects found :—

	<i>Number of defects</i>			<i>No. of defects in respect of which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	
Want of cleanliness ...	3	3	—	—
Overcrowding	—	—	—	—
Unreasonable temperature	—	—	—	—
Inadequate ventilation ...	1	1	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary Conveniences—				
insufficient	—	—	—	—
unsuitable or defective ...	78	69	—	—
not separate for sexes ...	—	—	—	—
Other offences	5	5	—	—

HOUSING.

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

(1) (a)	Total number of dwelling-houses inspected for defects (under Public Health and Housing Acts)	... ..	5653
(b)	Number of inspections made for the purpose	... ..	20901
(2) (a)	Number of dwelling-houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	... ..	103
(b)	Number of inspections made for the purpose	... ..	1427
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	74
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	... ..	1911

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1603
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	... ..	32
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—		
(a)	By owners	... ..	33
(b)	By Local Authority in default of owners	... ..	1

(b) Proceedings under Public Health Acts :—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	... ..	378
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—		
(a)	By owners	... ..	381
(b)	By Local Authority in default of owners	... ..	Nil

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1)	Number of dwelling-houses in respect of which Demolition Orders were made	... ..	60
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	28
(3)	Number of Undertakings not to use unfit houses accepted	... ..	4

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	8
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	...	...	5

4. HOUSING ACT, 1936. PART IV—OVERCROWDING :—

(a)	(1)	Number of dwellings overcrowded at the end of the year	476
	(2)	Number of families dwelling therein	603
	(3)	Number of persons dwelling therein	2384
(b)		Number of new cases of overcrowding during the year	307
(c)	(1)	Number of cases of overcrowding relieved during the year	149
	(2)	Number of persons concerned in such cases	654

**Furnished
Houses (Rent
Control) Act,
1946.**

During the year, inspections carried out by the Sanitary Inspectors in the course of their normal duties under the Public Health and Housing Acts revealed 32 instances in which it appeared that excessive rents were being charged for furnished accommodation. References were subsequently made to the Rent Tribunal regarding these cases which concerned fourteen one-room dwellings, fifteen two-room tenancies and three lettings consisting of three rooms.

In addition, one case previously brought to the notice of the Rent Tribunal by the Health Department was referred to the Tribunal by the owner of the premises for review on the grounds of altered circumstances. In this case, the rental was increased from £6. 10s. 0d. to £6. 12s. 1d. per month, the increase of 2s. 1d. per month being in respect of the higher rates payable.

Of those references made by this Department, one was withdrawn owing to a considerable change of circumstances taking place between the time of the reference being made and the proposed hearing by the Tribunal. In two other cases, owing to the difficulty experienced in determining exactly what conditions existed at the time the rooms were first let, the tenants having vacated the rooms when the members of the Tribunal visited the premises, the references were dismissed by the Tribunal. At the end of the year, thirteen of the references had still to be considered by the Rent Tribunal.

Details of the references made by the Department, which include three made in 1951, considered by the Tribunal during the year are given in the following table :—

<i>No. of rooms in tenancy</i>	<i>Rent charged (weekly)</i>	<i>Rent fixed by Tribunal (weekly)</i>	<i>Amount of reduction (weekly)</i>
	£ s. d.	£ s. d.	s. d.
2	1 10 0	18 6	11 6
1	1 7 6	14 6	13 0
2	*1 5 0	15 0	10 0
2	*1 15 0	1 5 0	10 0
1	15 0	10 0	5 0
2	2 5 0	1 10 0	15 0
1	*1 0 0	14 0	6 0
2	1 10 0	1 1 0	9 0
1	* 14 0	10 6	3 6
2	†1 10 0	15 0	15 0
2	†1 16 0	1 3 6	12 6
2	†1 15 0	1 5 0	10 0
2	2 0 0	Reference dismissed	
2	2 0 0	Reference dismissed	
1	1 0 0	7 0	13 0
1	1 0 0	8 6	11 6
2	18 6	11 0	7 6
1	16 0	8 6	7 6
1	1 0 0	9 0	11 0
1	15 0	7 0	8 0
2	*1 12 6	1 0 0	12 6

* Includes cost of electricity.
† Includes cost of laundering bedding.

INSPECTION AND SUPERVISION OF FOOD.

Bacteriological Examination of Milk. 591 samples of milk were taken for bacteriological examination. Of these, 582 gave satisfactory results, but the remaining 9 failed the test. All persons concerned in the production, treatment and distribution of the milk giving unsatisfactory results were advised on the need for greater care in their dealings with the milk in order to ensure a satisfactory standard of cleanliness. Subsequent samples revealed that the necessary improvements had been achieved.

The following table shows the number of samples of various descriptions of milk submitted to the Methylene Blue Test and the results :—

METHYLENE BLUE TEST.

<i>Description of Milk</i>	<i>Total No. of Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Tuberculin Tested (Farm Bottled)	79	77	2
Tuberculin Tested	23	23	Nil
Pasteurised	443	437	6
Tuberculin Tested (Pasteurised)	46	45	1
TOTALS	591	582	9

Phosphatase Test. A total of 399 samples of milk (351 Pasteurised and 48 Tuberculin Tested (Pasteurised)) were obtained and submitted to the phosphatase test for checking the efficiency of the pasteurising process. All these samples were returned as satisfactory.

Turbidity Test. 42 samples of Sterilised Milk were submitted to the turbidity test and all were found to be satisfactory.

Examination of Milk for Tubercle Bacilli. 124 samples of milk (100 from ordinary herds, 10 from Tuberculin Tested herds, 5 from Accredited herds and 9 samples of Pasteurised milk), were examined biologically for the presence of Tubercle Bacilli. One sample from an ordinary herd was found positive and 123 negative. The farm from which the positive sample was obtained was visited by the Veterinary Officer of the Ministry of Agriculture and Fisheries. No cow suffering from tuberculosis of the udder was found at the farm, but the Veterinary Officer reported "a cow under suspicion was removed to the Knacker's Yard prior to our visit". The milk coming into the City from the farm is pasteurised before being sold to the public.

Licences under the Milk (Special Designations) Orders, 1949. The following table shows the number of licences to use the various designations applied to milk issued during the year.

<i>Description of Licence</i>							<i>No. Issued</i>
Pasteuriser's Licence (Holder Process)	...	...	...				1
Pasteuriser's Licence (High Temperature Short Time Process)	...	...	...	...	...	...	3
Dealer's "Tuberculin Tested" Licence				...	...		30
Dealer's "Pasteurised" Licence				...	...	...	68
Steriliser's Licence	...	...	...	...	...	...	1
Dealer's "Sterilised" Licence	...	...	...	...	...	...	259
TOTAL	...	...	...	...	...	...	362

Chemical Analysis of Milk. 102 samples of raw milk, 73 of pasteurised milk and 3 samples of sterilised milk were obtained for analysis. 171 of these samples were found to be genuine and 7 (all raw milk) were adulterated. Of these 7 unsatisfactory samples, 1 contained added water and 6 were deficient in fat. Letters of caution were sent to the vendors of the samples of milk found to be adulterated. On two occasions, the Ministry of Food were informed regarding "Channel Island" milk which had been found to be below the minimum standard of 4% milk fat.

During the year, in following up samples of milk below the standard, 5 “Appeal to Cow” samples were taken from two farms. A comparison of the results of these samples can be made from the following table :—

<i>Initial Samples</i>			<i>“Appeal to Cow”</i>	
<i>Non-fatty solids</i> %	<i>Milk fat</i> %	<i>Milking Period</i>	<i>Non-fatty solids</i> %	<i>Milk fat</i> %
8.02*	2.79	} Morning	8.21	3.07
8.21*	2.64		8.36	3.24
8.22*	2.61		8.67	3.36
8.51	2.85		8.39	2.96
8.56	2.82	Morning	8.92	2.44

* The Freezing Point of these samples was 0.532°C., 0.536°C. and 0.533°C. respectively.

Ice Cream. The number of applications for registration of premises for the sale of loose ice cream was 8 and for the sale of prepacked ice cream 53.

Chemical Analysis of Ice Cream.

The Food Standards (Ice Cream) (Amendment) Order, 1952, came into operation in July.

This Order amended the standard for ice cream, reducing the minimum quantity of fat required to be contained in ice cream to 4% and that for milk solids other than fat to 5%. The minimum quantity of sugar is still 10%. It is to be regretted that it was found necessary to lower the standard which had been set in the Food Standards (Ice Cream) Order, 1951, particularly when at the time that Order was made the Minister stated that he regarded the standard as an interim one and he proposed progressively to improve the standard as supplies of ingredients became more plentiful.

During the year, 10 samples of ice cream were submitted to chemical analysis. These were all taken after the new Order had come into operation. With the exception of one sample, which was slightly deficient in sugar, all the samples complied with the standard laid down in the Order. A second sample taken later from the same manufacturer from which the unsatisfactory sample was obtained, was found to be satisfactory. The results of these samples are given in the following table. It is interesting to note that this year butter fat was absent in each of the samples taken. Last year every sample contained some butter fat, ranging from 3.5% to 1.0 % with an average of 2.16%. The use of milk for the manufacture of ice cream was prohibited in 1951 and this, no doubt, is the reason for the absence of butter fat in the ice cream sampled.

TABLE OF CHEMICAL QUALITY OF ICE CREAM.

<i>Sample No.</i>	<i>Total Fat %</i>	<i>Sample No.</i>	<i>Butter Fat %</i>	<i>Sample No.</i>	<i>Non-Fatty Milk Solids %</i>	<i>Sample No.</i>	<i>Sugar %</i>	<i>Sample No.</i>	<i>Total Non-Fatty Solids %</i>
8	11.4	8	Nil	4	8.5	5	16.5	3	31.1
6	11.1	6	"	3	8.5	3	14.0	5	27.3
4	10.2	4	"	1	8.0	4	13.0	1	26.4
2	9.95	2	"	8	8.0	1	13.0	4	26.0
1	9.2	1	"	10	8.0	2	13.0	9	24.2
7	9.15	7	"	2	7.5	7	12.0	10	24.1
9	9.1	9	"	9	6.5	9	11.5	2	23.9
3	8.5	3	"	6	6.0	8	11.0	8	22.3
5	8.35	5	"	7	6.0	10	11.0	7	22.3
10	7.4	10	"	5	5.0	6	9.0	6	18.5
Average	9.435	Average	Nil	Average	7.2	Average	12.4	Average	24.63

FOOD AND DRUGS.

Adulteration. The various samples of food and drugs submitted for analysis during the year are classified in the following table, together with the number of the various articles which were found to be adulterated :—

<i>Articles</i>	<i>Official Samples</i>		<i>Informal Samples</i>		<i>Total Number</i>
	<i>Genuine</i>	<i>Adulterated</i>	<i>Genuine</i>	<i>Adulterated</i>	
Aspirin Tablets	—	—	6	—	6
Almond Paste	—	—	3	—	3
Brandy	—	—	1	—	1
Butter	—	—	13	—	13
Baking Powder	—	—	2	—	2
Boracic Ointment	—	—	5	—	5
Cooking Fat	—	—	8	—	8
Coffee	—	—	4	—	4
Cocoa	—	—	4	—	4
Camphorated Oil	—	—	4	—	4
Castor Oil	—	—	6	—	6
Cod Liver Oil	—	—	3	—	3
Cheese	—	—	9	—	9
Cordials	—	—	8	—	8
Cond. M.S. Milk	—	—	2	—	2
Cond. F.C. Milk	—	—	6	—	6
Custard Powder	—	—	4	—	4
Coffee and Chicory	—	—	5	—	5
Colouring	—	—	5	—	5
Candied Peel	—	—	5	—	5
Cake Flour Mixture	—	—	1	—	1
Cheese Spread	—	—	5	—	5
Dried Herbs	—	—	6	—	6
Epsom Salts	—	—	4	—	4
Flavourings	—	—	4	—	4
Flour	—	—	1	—	1
Gin	—	—	1	—	1
Glycerine	—	—	4	—	4
Ground Spice	—	—	4	—	4
Gelatine	—	—	5	—	5
Ground Almonds	—	—	4	—	4
Golden Raising Powder	—	—	2	—	2
Honey	—	—	5	—	5
Ice Cream	—	—	9	1	10
Ice Lollies	—	—	2	—	2
Jam	—	—	10	—	10
Lard	—	—	2	—	2
Mock Whipped Cream	—	—	1	—	1
Malt Vinegar	—	—	5	—	5
Malt Extract	—	—	4	—	4
Marmalade	—	—	9	—	9
Margarine	—	—	10	—	10
Meat and Fish Paste	—	—	10	—	10
Mustard	—	—	3	—	3
Meat and Veg. Extract	—	—	4	—	4
Milk	95	7	—	—	102
Olive Oil	—	—	5	—	5
Pressed Beef	—	—	1	—	1
Pepper	—	—	4	—	4
Pasteurised Milk	73	—	—	—	73
Rum	—	—	2	—	2
Sausages	—	—	13	1	14
Sugar	—	—	10	—	10
Soups (Tinned)	—	—	5	—	5
Sterilised Milk	3	—	—	—	3
Self Raising Flour	—	—	4	—	4
Saccharin Tablets	—	—	6	—	6
Sauce	—	—	5	—	5
Saffron	—	—	8	—	8
Tinned Peas	—	—	8	—	8
Table Jelly	—	—	5	—	5
Tea Tablets	—	—	1	—	1
Tinct. Iodine	—	—	6	—	6
Tea	—	—	4	—	4
Whisky	—	—	1	—	1
Zinc Ointment	—	—	5	—	5
TOTALS	171	7	311	2	491

Bacteriological Examination of Samples of Ice Cream.

During the year, 140 samples of ice cream were submitted to the form of Methylene Blue Test prescribed by the Ministry of Health. The table below gives the results of these tests.

<i>Grade</i>	<i>Hot Mix</i>	<i>Cold Mix</i>	<i>Totals</i>
Grade 1. Time taken to reduce methylene blue—4½ hours or more	114	17	131
Grade 2. Time taken to reduce methylene blue—2½ to 4 hours	6	1	7
Grade 3. Time taken to reduce methylene blue—½ to 2 hours	2	Nil	2
Grade 4. Time taken to reduce methylene blue—0 hours	Nil	Nil	Nil
TOTALS	122	18	140

Of the 122 samples of “ Hot Mix ” 55 were “ pre-packed ”, of which 53 were placed in Grade 1, one in Grade 2 and one in Grade 3.

All the 18 samples of “ Cold Mix ” were loose samples.

Food and Drug Samples Reported Not Genuine.

<i>Article</i>	<i>Nature of Adulteration</i>	<i>Action taken</i>
Milk ...	5% added water ...	Letter of Caution
Milk ...	13% deficient in milk fat ...	Letter of Caution
Milk ...	12% deficient in Milk fat ...	Letter of Caution
Milk ...	12% deficient in Milk fat ...	Letter of Caution
Milk ...	7% deficient in Milk fat ...	Letter of Caution
Milk ...	6% deficient in Milk fat ...	Letter of Caution
Milk ...	5% deficient in Milk fat ...	Letter of Caution
Pork Sausage Meat	4% deficient in Meat ...	Informal Sample
Ice Cream ...	10% deficient in Sugar ...	Informal Sample

Inspection of Meat and Slaughter-Houses. Four private slaughter-houses were in use up to April 7th, 1952, when the whole of the slaughtering in the City was transferred to the new Abattoir and Meat Market at Prince Rock. The premises previously used have been derequisitioned by the Ministry of Food.

A total of 994 visits were made to food factories and butchers' shops.

Carcases Inspected and Condemned. The total number of carcasses inspected at the Meat Market and in the private slaughter-houses and food factories during the year was 145,680, which was made up as follows :

Bovines	...	...	...	...	...	...	10,157
Calves	...	...	...	...	...	...	7,165
Sheep and Lambs	...	...	...	...	...	...	114,940
Pigs	...	...	...	...	...	...	13,418

The total weight of meat and offal condemned during the year from animals killed inside and outside the City was 325 tons 15 cwt. 0 qr. 12 lb. This amount was made up as follows :—

	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number killed	5376	3176	2622	18871	2240
Number inspected	10157		7165	114940	13418
<i>All diseases except Tuberculosis.</i>					
Whole carcasses condemned	73		38	138	32
Carcasses of which some part or organ was condemned	5921		100	3761	684
Percentage of the number in- spected affected with disease other than Tuberculosis	58.29%		1.53%	3.27%	5.09%

<i>Tuberculosis only</i> Whole carcasses condemned	140	1	—	29
Carcasses of which some part or organ was condemned	1563	—	—	654
Percentage of the number inspected affected with Tuberculosis	15.38%	—	—	4.87%

Unsound Foodstuffs.

The following summary indicates the quantity of foodstuffs examined and found to be unfit for

food :—

TINNED GOODS.						<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Meat	...	...	...	...	...	3	2	2	8
Ham	...	...	...	...	...	2	16	1	27
Fish	...	...	...	...	...		7	1	22
Milk	...	...	...	...	...		14	0	20
Soup	...	...	...	...	...	1	19	1	8
Fruit	...	...	...	...	...	8	9	2	24
Vegetables	...	...	...	...	...	1	7	2	16
Jam and Marmalade			...	...	...		2	3	16
Various	...	...	...	...	...			3	24

PROVISIONS						<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Fresh Vegetables	...	...	...	...	...	4	16	2	0
Fresh Fruit	...	...	...	...	...		1	0	8
Bottled Fruit	...	...	...	...	...			2	11
Dried Fruit	...	...	...	...	...	2	7	0	22
Flour	...	...	...	...	...	4	6	1	2
Dried Peas	...	...	...	...	...		7	1	12
Oats and Cereals	...	...	...	...	...		3	2	18
Rice	...	...	...	...	...		5	3	10
Biscuits	...	...	...	...	...		3	1	4
Jam and Marmalade			...	...	...			2	24
Sugar	...	...	...	...	...		11	0	20
Sweets and Chocolates	...	...	...	...	...		8	0	0
Pickles and Chutney	...	...	...	...	...			1	26
Tea	...	...	...	...	...		3	1	15
Fats	...	...	...	...	...		1	1	6
Cheese	...	...	...	...	...		6	1	21
Tomato Puree	...	...	...	...	...			1	13
Poultry	...	...	...	...	...		6	0	23
Rabbits	...	...	...	...	...			1	16
Various	...	...	...	...	...		10	2	25
Coconuts :	No., 907								

MEAT PRODUCTS					<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lb.</i>
Pork cheek trimmings				2	1	4
Sausages and sausage meat				7	1	8
Bacon		7	1	18
Chitterlings		18	3	4

**Fish
Inspection.**

The following summary indicates the quantity of fish and shell fish examined during the year and the quantity found to be unfit for food :

			<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Quantity of fish inspected	...	...	2169	19	0	0
Quantity of mixed fish found to be unfit for human food	...	...	16	5	1	19
Quantity of smoked fish found to be unfit for human food	...	...		13	0	14
Quantity of shell fish found to be unfit for human food	...	...		1	0	8

337 other varieties.

**Inspection of
Other Food
Premises.**

During the year, several cases of contamination of foodstuffs were brought to the notice of the Department. Again, I regret to report some indicated that lack of sufficient care was taken in the preparation, storage and handling of the food. Visits were made to those premises situated within the City boundary and the proprietors cautioned as to the need for great care being taken. In three instances, the food preparation premises were outside the area of the Local Authority and in these cases, in addition to warning letters being sent to the firms concerned, the Chief Sanitary Inspectors of those areas in which the premises were situated were also notified.

In September of this year, a notification was received from the Medical Officer of Health of another local authority regarding contamination found in a can of stewed meat and vegetables produced by a Plymouth firm. The matter was investigated and the firm concerned were very co-operative and agreed to take extra precautions to ensure that there would not be a recurrence of the contamination. All available tins of the commodity which had been manufactured at the same time as the consignment about which complaint had been made were recalled by the firm for examination.

Towards the end of the year, it was thought desirable that the Health Committee should be aware of the amount of extraneous matters which had been found in dried fruits, and a resolution was passed by the Committee that representation should be made to the Ministry of Food. Subsequently, advice was received from the Ministry of Food that a meeting on this subject would be arranged with the Association of Municipal Corporations.

During the year, it was found necessary to take proceedings against a firm of bakers in the City regarding the sale of a loaf of bread which contained a portion of a cigarette, a dough cake containing a nail and a pastry in which a small cleat was found. The defendants pleaded guilty and were fined a total of £30 in respect of these offences against Section 9 of the Food and Drugs Act, 1938.

Proceedings were also taken under this section against the occupier of a street stall and shop for offering and exposing for sale and having in his possession for the purpose of sale certain unsound foodstuffs on his street stall and further for having in his possession for the purpose of sale certain unsound foodstuffs at his shop. In this case the defendant was fined a total of £25 and was also ordered to pay costs in the sum of £6. 15s. 6d.

Certificates of Merit.

The practice of awarding Certificates of Merit to those persons who maintained an "exceptionally high standard of cleanliness" at their food premises was continued during the year and an additional four certificates have been awarded. The premises of all the firms which have been granted certificates have been constantly under review and the high standards of cleanliness have been maintained.

Infectious Diseases

The following pages give tables showing the occurrence of infectious diseases in 1952 with observations on certain of the diseases.

Incidence. Table 3 on page 77 shows the numbers of cases of infectious diseases notified to the Health Department during 1952, with comparative figures for the previous four years. In all the tables where the original diagnosis has subsequently been amended to another disease, the notification has been corrected accordingly.

Table 1 on page 76a shows the number of notifications received during 1952 for each disease, classified by age groups and showing the percentage notified in each age group of the total for each disease.

Table 2 on page 76b shows the quarterly and sex incidence of Infectious Diseases during 1952.

Table 4 on page 77 shows the “ attack rate ” (i.e. the number of cases per 1,000 of the population) of the commoner notifiable diseases for 1952, with the comparative rates for (a) England and Wales, (b) 160 County Boroughs and Great Towns, and (c) Plymouth for 1951 and 1950.

Mortality. Table 5 on page 78 gives the number of deaths due to Diphtheria, Scarlet Fever, Measles and Whooping Cough in Plymouth for the years 1921–1952 inclusive. This table also shows the death rates for these diseases per 1,000 of the population for the City and the comparative rates for England and Wales.

Hospital Admissions and Deaths. Table 6 on page 79 shows the number of Plymouth residents admitted to the Isolation Hospital by reason of Infectious Disease and the deaths of Plymouth residents occurring in that Hospital.

TABLE 1.
INFECTIOUS DISEASES NOTIFIED 1952—BY AGE GROUPS.

DISEASE	Under 1 Year.		1-2 Years.		2-3 Years.		3-4 Years.		4-5 Years.		5-10 Years.		10-15 Years.		15-20 Years.		20-25 Years.		25-35 Years.		35-45 Years.		45-65 Years.		65 Years and Over.		Total All Ages.
	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	
Diphtheria	—	—	2	15.38	—	—	1	7.69	2	15.38	1	7.69	1	7.69	1	7.69	3	23.10	2	15.38	—	—	—	—	—	—	13
Dysentery	1	3.57	—	—	3	10.71	4	14.30	—	—	9	32.13	1	3.57	1	3.57	2	7.14	2	7.14	3	10.73	1	3.57	1	3.57	28
Encephalitis	—	—	—	—	—	—	—	—	—	—	2	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	1	2.85	—	—	1	2.85	4	11.43	9	25.72	11	31.43	9	25.72	35
Food Poisoning	2	11.76	1	5.88	1	5.88	—	—	—	—	3	17.65	—	—	—	—	—	—	3	17.65	3	17.65	4	23.53	—	—	17
Gastro-Enteritis (under 2 years) ...	92	67.65	44	32.35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	136
Measles	35	3.02	85	7.34	104	8.97	131	11.32	166	14.37	613	52.99	14	1.21	2	0.17	4	0.35	—	—	2	0.17	1	0.09	—	—	1157
Meningococcal Infections	4	44.45	2	22.22	1	11.11	—	—	—	—	—	—	1	11.11	—	—	1	11.11	—	—	—	—	—	—	—	—	9
Ophthalmia Neonatorum	4	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Pneumonia	13	8.50	4	2.61	3	1.96	8	5.22	1	0.65	15	9.81	8	5.22	1	0.65	3	1.96	5	3.27	20	13.07	37	24.18	35	22.90	153
Poliomyelitis and Polioencephalitis	2	22.23	1	11.11	1	11.11	—	—	1	11.11	—	—	2	22.22	1	11.11	—	—	—	—	1	11.11	—	—	—	—	9
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2.70	13	35.14	18	48.65	5	13.51	—	—	—	—	37
Scarlet Fever	—	—	6	2.73	12	5.47	21	9.54	34	15.45	130	59.09	11	5.00	4	1.82	—	—	1	0.45	1	0.45	—	—	—	—	220
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	100.00	—	—	1
Whooping Cough	39	12.58	47	15.16	51	16.45	35	11.29	40	12.91	87	28.06	5	1.61	1	0.32	1	0.32	2	0.65	2	0.65	—	—	—	—	310
TOTALS	192	9.01	192	9.01	176	8.26	200	9.38	244	11.45	860	40.36	44	2.06	12	0.56	28	1.32	37	1.74	46	2.15	55	2.58	45	2.12	2131

TABLE 2.
QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1952

DISEASE	JANUARY TO MARCH			APRIL TO JUNE			JULY TO SEPTEMBER			OCTOBER TO DECEMBER			TOTALS FOR YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	1	3	4	1	2	3	—	2	2	1	3	4	3	10	13
Dysentery	5	5	10	4	1	5	3	2	5	4	4	8	16	12	28
Encephalitis	—	—	—	—	—	—	—	—	—	1	1	2	1	1	2
Erysipelas	5	9	14	2	4	6	1	5	6	5	4	9	13	22	35
Food Poisoning	1	1	2	2	1	3	5	1	6	2	4	6	10	7	17
Gastro-Enteritis (under 2 years)	33	28	61	20	6	26	10	14	24	11	14	25	74	62	136
Measles	12	14	26	13	25	38	18	16	34	529	530	1059	572	585	1157
Meningococcal Infections ...	1	—	1	1	3	4	—	—	—	2	2	4	4	5	9
Ophthalmia Neonatorum ...	—	—	—	—	1	1	—	1	1	—	2	2	—	4	4
Pneumonia	38	33	71	11	10	21	1	4	5	32	24	56	82	71	153
Polomyelitis	—	1	1	1	—	1	—	3	3	2	2	4	3	6	9
Puerperal Pyrexia	—	5	5	—	17	17	—	9	9	—	6	6	—	37	37
Scarlet Fever	26	30	56	13	25	38	12	16	28	55	43	98	106	114	220
Typhoid	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1
Whooping Cough	48	71	119	26	28	54	13	16	29	57	51	108	144	166	310
TOTALS	170	200	370	95	123	218	63	89	152	701	690	1391	1029	1102	2131

TABLE 3.

CASES NOTIFIED IN THE CITY DURING THE PAST FIVE YEARS.

<i>Disease</i>	1952	1951	1950	1949	1948
Diphtheria	13	33	25	29	51
Dysentery	28	51	2	3	—
Encephalitis	2	5	2	—	1
Erysipelas	35	55	61	57	59
Food Poisoning	17	30	48	8	4
Gastro-Enteritis (under 2 years)	136	233	140	89	81
Measles	1157	5904	270	2812	1581
Meningococcal Infections*	9	11	5	1	1
Ophthalmia Neonatorum	4	6	5	6	5
Paratyphoid	—	—	—	—	—
Pneumonia	153	249	182	216	161
Poliomyelitis and Polio-encephalitis	9	26	31	20	3
Puerperal Pyrexia	37	33	15	27	35
Scarlet Fever	220	230	440	170	209
Smallpox	—	—	—	—	—
Typhoid	1	1	1	—	1†
Typhus	—	1‡	—	—	—
Whooping Cough	310	1505	742	615	1020

* Previous to 1950 this infection was referred to as Cerebro-Spinal Fever.

† Service Case (Imported).

‡ Imported Case (Tick-borne).

TABLE 4.

“ATTACK RATES” FOR THE CITY, COMPARED WITH ENGLAND AND WALES AND OTHER AREAS.

<i>Disease</i>	<i>Plymouth</i> 1952	<i>England and Wales,</i> 1952	<i>160 Boroughs and Great Towns (inc. London)</i>	<i>Plymouth</i> 1951	<i>Plymouth</i> 1950
Diphtheria	0.06	0.01	0.01	0.15	0.12
Erysipelas	0.16	0.14	0.15	0.25	0.29
Food Poisoning	0.08	0.13	0.16	0.14	0.23
Measles	5.29	8.86	10.11	26.87	1.29
Meningococcal Infections	0.04	0.03	0.03	0.05	0.02
Paratyphoid Fever	—	0.02	0.02	—	—
Pneumonia	0.69	0.72	0.80	1.13	0.87
Acute Poliomyelitis (including Polio-encephalitis), Paralytic	0.04	0.06	0.06	0.09	0.11
Non-Paralytic	0.00	0.03	0.03	0.03	0.04
Scarlet Fever	1.01	1.53	1.75	1.05	2.11
Smallpox	—	0.00	0.00	—	—
Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	1.42	2.61	2.74	6.85	3.55

TABLE 5.

MORTALITY FROM CERTAIN INFECTIOUS DISEASES, 1921-1952.
PLYMOUTH COMPARED WITH ENGLAND AND WALES.—PER 1,000 POPULATION.

YEAR.	Diphtheria.		Measles.		Scarlet Fever.		Whooping Cough.		
	PLYMOUTH		PLYMOUTH		PLYMOUTH		PLYMOUTH		England and Wales Death Rate.
	No. of Deaths.	Death Rate.	No. of Deaths.	Death Rate.	No. of Deaths.	Death Rate.	No. of Deaths.	Death Rate.	
1921-1930 Average	20	.10	21	.10	3	.01	14	.07	.11
1931-1940 Average	29	.14	8	.03	2	.00	10	.04	.04
1941 ...	28	.18	12	.08	—	—	11	.07	.06
1942 ...	16	.12	1	.00	—	—	2	.01	.02
1943 ...	10	.07	8	.06	—	—	8	.06	.02
1944 ...	4	.02	1	.00	—	—	1	.00	.02
1945 ...	6	.03	1	.00	—	—	3	.01	.01
1946 ...	2	.01	1	.00	—	—	4	.02	.02
1947 ...	2	.01	9	.05	—	—	2	.01	.02
1948 ...	1	.00	—	—	—	—	2	.01	.02
1949 ...	1	.00	1	.00	—	—	5	.03	.01
1950 ...	—	—	—	.00	—	—	3	.01	.01
1951 ...	—	—	2	.00	—	—	3	.01	.01
1952 ...	1	.00	—	—	—	—	2	.01	.00

NOTES.—A dash indicates that there were no deaths from that disease in that year.
A rate of .00 indicates that there were too few deaths to be expressed as a rate in that year.

TABLE 6

ISOLATION HOSPITAL, PLYMOUTH
 ADMISSIONS—PLYMOUTH RESIDENTS—1952
 NOTIFIABLE (INFECTIOUS) DISEASES ONLY

					<i>Admitted</i>	<i>Confirmed</i>
Diphtheria	...	...	...	...	54	13
Dysentery	...	...	...	...	18	14
Encephalitis	...	...	...	...	3	2
Erysipelas	...	...	...	...	5	1
Food Poisoning	...	...	...	...	9	8
Gastro-Enteritis (under 2 years)	...	...	...	...	91	53
Measles	...	...	...	...	28	18
Meningococcal Infection	...	...	...	...	33	7
Pneumonia	...	...	...	...	34	16
Poliomyelitis and Polio-encephalitis	...	...	...	...	30	6
Scarlet Fever	...	...	...	...	77	57
Typhoid	...	...	...	...	4	—
Whooping Cough	...	...	...	...	16	11

DEATHS OF PLYMOUTH RESIDENTS IN THE ISOLATION HOSPITAL
 1952

Tuberculosis of the respiratory system	...	...	...	...	...	2
Tuberculosis of the meninges	...	...	...	...	...	1
Chronic nephritis	...	...	...	...	...	1
Broncho-pneumonia	...	...	...	...	...	5
Gastro-Enteritis	...	...	...	...	...	7
Whooping Cough	...	...	...	...	...	2
Cerebral Tumour	...	...	...	...	...	1
Acute lymphatic leukaemia	...	...	...	...	...	1
Carcinoma of lung	...	...	...	...	...	1
Acute yellow atrophy, probably the result of virus infection	...	...	...	...	...	1
Pulmonary embolism from phlebothrombosis of right leg	...	...	...	...	...	1
Acute poliomyelitis	...	...	...	...	...	1
Diphtheria	...	...	...	...	...	1
						—
<i>Total Deaths</i>	...	...	...	...	...	25
						—

GENERAL OBSERVATIONS

Notifications of Infectious Diseases fell from 8,373 in 1951 to 2,131 in 1952, mainly due to the absence of a measles epidemic. The number of Plymouth residents admitted to the Isolation Hospital was 402—a reduction of 282 compared with 1951. The reduction was mainly due to fewer measles, whooping cough and pneumonia cases requiring admission.

Measles. 1952 was a “ quiet ” year for measles, 1,157 cases being notified compared with 5,904 in 1951. There were no deaths attributed to the disease.

Scarlet Fever. There was little change in the incidence of scarlet fever. 220 cases were notified with no deaths, and the nature of the illness was generally of the mild type which has prevailed in recent years.

Whooping Cough The number of cases notified was 310, the lowest figure for many years. It is possible that the amount of immunisation carried out is by now having an influence in reducing the incidence of the disease, though it is too early to be certain. Sufficient information should be available in a year or two to enable firm conclusions to be drawn.

There were 2 deaths from the disease in 1952 in children aged 3 months and 8 months, neither of whom had been immunised.

Diphtheria. After a slight increase in 1951, the number of cases resumed the downward trend apparent since 1940. 13 cases were confirmed, the lowest ever recorded. Unhappily, there was one death attributable to diphtheria in a child previously immunised, but whose general resistance was seriously impaired by a severe attack of measles occurring concurrently.

Poliomyelitis and Polio-encephalitis. Plymouth suffered comparatively lightly in 1952 with 9 cases compared with an average of 26 for the three previous years. 7 of the cases occurred in the second half of the year and the majority in children under 5 years of age, though the 2 deaths were in cases aged 10 and 22 years.

Dysentery. Notifications fell from 54 in 1951 to 34. The diagnosis was confirmed in 14 of the 18 cases admitted to hospital.

Food Poisoning. Seventeen cases of food poisoning were notified, a reduction of 14 compared with 1951. The number of cases notified in a year can, however, only be regarded as an index of the amount of food poisoning which actually occurs. It is probable that a much larger number of cases occur which for one reason or another are not notified. There are probably many cases which are too mild or transient for a doctor to be consulted.

There were no large outbreaks, most of the notifications referring to single unconnected cases. The infecting organism was recovered from patients in 4 cases. (S. Typhi-murium, 3. S. Newport, 1.)

The three following incidents were of interest in that specimens of the suspected foods were available and laboratory examination confirmed that they were contaminated and revealed the probable source of the infection. In each instance staphylococcus aureus (coagulase positive) was identified in very large numbers in the samples and was considered to be the organism responsible. In the first case the organism was found in pressed beef consumed by the affected person and in a nasal swab from the shop assistant who prepared the beef. In the second case, where 3 persons in a family were affected, brawn was found to be heavily contaminated and the same strain of staphylococcus was found in hand swabs from the shop assistant who prepared it. It is interesting to note that only 4 sufferers came to notice in these two incidents, though a hundred or more other persons were at risk, some of whom must surely have been affected. As is usual in these cases, there was nothing in the appearance of the brawn or pressed meat to suggest that they were not wholesome.

In the third incident a housewife had boiled a piece of bacon and then stored it in the oven of the gas cooker. Portions were consumed 3 and 4 days later by 4 persons, all of whom were affected. The same strain of staphylococcus was found in the bacon and nasal swabs from the housewife. This instance was of interest in showing how contamination can arise in the home as well as in the shop and underlines the danger of keeping certain foods for long periods after preparation and before consumption. Multiplication of contaminat-

ing bacteria begins very soon after food has been handled and they may be present in dangerously large numbers within a few hours, particularly in moist meat or milk preparations in warm weather or kept in unsatisfactory storage conditions.

Typhoid Fever. One case, a fatal one, occurred. The source of infection could not be traced in Plymouth and it is possible that the infection occurred during a coach trip to London a few weeks earlier.

IMMUNISATION AND VACCINATION

Immunisation against Diphtheria.

Survey of the service provided

Immunisation against diphtheria and reinforcing injections at appropriate ages are available without charge at the Local Authority's Clinics shown under " Vaccination " or at schools or Education Authority's clinics in the case of school children, or from general practitioners participating in the Local Authority's Scheme. Family doctors in the scheme may obtain supplies of immunising agents (A.P.T., T.A.F. Combined Diphtheria-Whooping Cough Prophylactic and Schick test materials), from the Health Department and receive a negotiated fee for notifying primary immunisation courses and reinforcing injections performed to the Medical Officer of Health.

The desirability of infants being immunised about the age of six to nine months is advocated in a letter which also recommends vaccination which is sent to parents when the baby is aged about two months. The Health Visitors also advise on immunisation during routine visits to homes and it is again referred to in a greetings card sent on the baby's first birthday. Further opportunities to urge immunisation are taken when a child is first registered at school and again when the Medical Officer enquires into the immunisation state at the first school medical inspection.

Full use is made of centrally sponsored propaganda campaigns, particularly cinema films and press advertising, but a personal visit from a Health Visitor is probably the most effective method of persuading a parent who is wavering.

Schick tests are performed on about one-third of infants completing a primary course in the clinics and the practically 100 per cent negative results which are obtained indicate that the technique and dosage employed achieve a satisfactory level of immunity.

Reinforcing injections of antigen are advised in a letter sent to parents a few months before the child is due to commence school and a further reinforcement dose is recommended under arrangements made by the School Medical Service when the child is eight to nine years of age.

TABLE A.
IMMUNISATION STATE OF CHILD POPULATION

Number of Children under 15 at 31st December, 1952, who had completed a course of Immunisation at *any time before that date*, (i.e. at any time since 1st January, 1938.)

Age at 31.12.52, i.e. Born in Year ...	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5 to 9 1943-1947	10 to 14 1938-1942	Total under 15
Number Immunised ...	313	2004	2102	2330	2675	15089	11686	36199
Estimated mid-year child population 1952.	Children under five 17,700					Children 5-14 29,100		46,800

Table B shows that during 1952, 3,168 children received a primary immunisation course, an encouraging increase of 460 compared with 1951, the number of births in each year being approximately the same. The number of children who received a reinforcing injection was 4,012, an increase of 660 compared with 1951.

Referring to Table D, it gives satisfaction to see that an increased proportion of infants completed their primary immunisation course before their first birthday, though the proportion is still only 42 per cent of the birth rate. This proportion steadily improves above the age of 1 year, and Table A shows that 65 per cent of the child population aged 1-4 plus years is immunised and 92 per cent age group 5-14-plus years.

Table C shows statistical confirmation that the immunised child is much less likely to contract diphtheria than the unprotected one.

TABLE B
SHOWING THE NUMBER OF CASES AND DEATHS FROM DIPHTHERIA
IN THE PAST 22 YEARS AND THE PRIMARY IMMUNISATIONS PER-
FORMED IN EACH YEAR

Year.	Total Births.	Diphtheria. Total of		Primary Diphtheria Immunisations.			Popula- tion	Attack Rates per 1,000 popu- lation
		Cases.	Deaths.	Ages. 0-5.	Ages. 5-15.	Total No. 0-15.		
1931	3,427	367	17	1,282		1,282	191,800	1.77
1932	3,251	444	20	1,107		1,107	208,440	2.13
1933	3,232	337	18	972		972	206,200	1.63
1934	3,203	376	15	335	363	698	203,450	1.85
1935	3,065	481	23	874	1,244	2,118	203,600	2.36
1936	3,061	455	40	662	1,104	1,766	206,400	2.20
1937	3,073	272	17	500	1,035	1,535	210,460	1.29
1938	3,305	357	15	430	707	1,137	211,800	1.68
1939	3,446	404	25	568	615	1,183	215,500	1.87
1940	3,295	1,361	105	2,812	6,765	9,577	197,800	6.88
1941	2,453	348	28	673	1,244	1,917	149,300	2.33
1942	2,817	227	16	2,323	1,029	3,352	127,300	1.78
1943	3,144	209	10	1,593	1,050	2,643	136,530	1.53
1944	3,477	163	4	1,680	535	2,215	144,700	1.12
1945	3,824	157	6	1,701	417	2,118	157,580	0.99
1946	4,272	68	2	2,223	928	3,151	176,070	0.39
1947	4,490	49	2	2,485	769	3,254	181,600	0.26
1948	4,036	51	1	3,326	323	3,649	188,940	0.27
1949	3,769	29	1	2,636	725	3,361	190,860	0.15
1950	3,534	25	—	2,164	847	3,011	208,960	0.12
1951	3,622	33	—	2,337	371	2,708	219,700	0.15
1952	3,487	13	1	2,731	437	3,168	218,600	0.06

TABLE C

DIPHTHERIA AMONGST CHILDREN AGED 0-15 YEARS DURING THE
PAST FOUR YEARS, RELATED TO IMMUNISATION STATE

<i>Year</i>	<i>Cases</i>		<i>Deaths</i>	
	<i>Unprotected</i>	<i>Immunised</i>	<i>Unprotected</i>	<i>Immunised</i>
1949	8	3	1	—
1950	8	6	—	—
1951	10	9	—	—
1952	7	1	—	1*
Total for four years ...	33	19	1	1

* Diphtheria aggravated by measles.

1952 CASE INCIDENCE PER 1,000 CHILDREN, 0-15 YEARS OF AGE.

Unprotected population:

0-15 years: 10,601660

Immunised population:

0-15 years: 36,199027

TABLE D

SHOWING THE AGES AT WHICH CHILDREN WERE IMMUNISED AGAINST
DIPHTHERIA IN 1952

	AGE <i>at date of final injection (as regards A) or of reinforcing injection (as regards B)</i>							<i>Total</i>
	<i>Under 1</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5-9</i>	<i>10-14</i>	
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) during the year ended 31st December, 1952 ...	1,539	726	224	122	120	383	54	3,168
B. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the year ended 31st December, 1952 ...	—	—	25	206	982	2,060	739	4,012

Review of Arrangements developed under the National Health Service Act, 1946

Prior to the 5th July, 1948, the great majority of immunisations were performed in the Local Authority's Clinics. Full information on the number performed in private practice was not always available.

In 1948, almost 100 per cent of general practitioners in the City entered into agreement with the Local Authority whereby they receive immunising agents and a negotiated fee from the Authority in return for notifying to the Medical Officer of Health particulars of the primary immunisations and reinforcement injection they perform.

All immunisation propaganda makes it clear that immunisation can be carried out either by family doctors or at Clinics. The importance of completing a course once it has begun is emphasised and general practitioners are offered the services of a Health Visitor to call on parents and urge reattendance at the surgery in cases of default before completion of the course.

In 1952, 1,668 primary courses were given in Immunisation Clinics, 324 in schools, and 1,176 by general practitioners.

**Immunisation
against
Whooping
Cough.**

Immunisation against whooping cough has been available in Authority's Clinics since 1946. In addition, since July, 1948, general practitioners have by arrangement with the Health Authority been able to receive immunising agents and a negotiated fee upon the notification to the Medical Officer of Health of primary immunisations performed.

During 1952, 1,976 primary immunisation courses were completed, 1,004 in the Authority's Clinics and 972 by general practitioners.

The following table shows the number of immunisations performed in each year since 1946 :—

Protective Inoculations given (primary courses)						
1946	1947	1948	1949	1950	1951	1952
11	483	1,739	1,908	1,465	1,568	1,976

The precise protective power of this immunisation is difficult to assess from local statistics and for this reason the intensive propaganda associated with the diphtheria immunisation scheme has not been exercised in favour of whooping cough immunisation, pending more exact information on the amount of protection likely to be afforded.

The quite appreciable numbers immunised in recent years are achieved mainly because parents bringing their babies primarily for diphtheria immunisation, in many cases readily accept a course in which the whooping cough antigen is combined with the diphtheria

immunising agent. Now that the preliminary results of the Medical Research Council's investigation into the efficiency of whooping cough immunisation have been published, showing that a very appreciable degree of protection or amelioration can be attained with available antigens, increased encouragement will be given to parents to have their children protected against this distressing and sometimes dangerous disease.

A survey to assess the results of immunisation locally has been planned, and practitioners have been asked to co-operate by using a standard vaccine and dosage on children immunised in 1953.

**Vaccination
against
Smallpox** *Survey of the service provided*
 Vaccination or re-vaccination against smallpox
 is available on a voluntary basis, without charge,
 at the Local Authority's Immunisation Clinics listed below, or from
 general practitioners participating in the Local Authority's scheme
 for the vaccination and immunisation of their patients.

Devonport Park, Garden Street	...	Tuesdays, 9-10.15 a.m.
St. Budeaux Centre (behind State	...	
Cinema)	... ..	Tuesdays, 10.30-11.30 a.m.
Efford, 121 Efford Road	... ..	Tuesdays, 3-4 p.m.
Honicknowle, 55 Montacute Avenue...		Wednesdays, 2-3 p.m.
Ernesettle, 1 Tangmere Avenue	... ..	Wednesdays, 3.15-4.15 p.m.
Town Hall, Stonehouse	... ..	Thursdays, 9-10.15 a.m.
Beaumont Hut, Beaumont Park	... ..	Thursdays, 10.30-11.15 a.m.
Laira, 66 Pike Road	... ..	Thursdays, 2-4 p.m.
Beacon Park Centre (Swilly Hospital		
grounds, Beacon Park Road)	... ..	Fridays, 9-10.15 a.m.
Crownhill Centre, Cross Park	... ..	Fridays, 10.30-11.30 a.m.

Family doctors in the scheme may indent on the Public Health Laboratory Service for vaccination lymph and receive a negotiated fee for notifying vaccinations and re-vaccinations performed to the Medical Officer of Health.

The desirability of having infants vaccinated about the age of three months and the facilities available for vaccination are brought to the notice of parents in a letter sent to them by the Medical Officer of Health when their babies are about two months' old. In addition, Health Visitors advocate vaccination in the course of routine visits to families containing young children.

During 1952, 1,836 primary vaccinations were performed (including 1,638 in children below five years of age) and 475 re-vaccinations. Table 1 below shows the numbers vaccinated in the various age groups.

TABLE 1—VACCINATION AGAINST SMALLPOX

<i>Number of Persons Vaccinated (or re-vaccinated) during period 1952</i>						
Age at date of Vaccination	<i>Under 1</i>	<i>1+</i>	<i>2-4</i>	<i>5-14</i>	<i>15 or over</i>	<i>Total</i>
Number Vaccinated ...	1,497	64	77	63	135	1,836
Number Re-vaccinated	4	7	35	64	365	475

Review of the arrangements developed under the National Health Service Act, 1946

Prior to the 5th July, 1948, vaccination was compulsory and was carried out by four Public Vaccinators appointed by the Local Authority. On the 5th July, 1948, when the National Health Services Act came into force, vaccination ceased to be compulsory, the office of Public Vaccinator was terminated and a scheme was introduced by which general medical practitioners giving services under the Act would in future provide vaccination for their patients on request.

Almost 100 per cent of practitioners entered the scheme, but, despite this, the number of vaccinations which had averaged about 48 per cent of births for the few years prior to 1948 fell to 17 per cent by the end of 1948 and showed no sign of recovery. It was then decided to make vaccination available at the Authority's immunisation clinics and from its inception in March, 1949, an immediate improvement resulted which has been maintained, as Table 2 shows. At present, about one-half of the vaccinations are performed by general practitioners and one-half in the clinics.

The number of re-vaccinations performed has been comparatively high in each year since 1948 and is considered to be very largely composed of persons contemplating emigration. This impression is supported by the number of requests for the provision or authentication of International Certificates of recent vaccination or re-vaccination amounting to some hundreds in each year. Approximately sixty re-vaccinations per year are performed on sanitary inspectors and ambulance and other personnel who might be at special risk.

TABLE 2—VACCINATION AGAINST SMALLPOX

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations (all ages)</i>	<i>Percentage of Children vaccinated (under 1 year of age)</i>	<i>Re- vaccinations (all ages)</i>
1944	3,016	1,663	55.14	85
1945	3,752	1,803	48.05	39
1946	3,947	1,890	47.88	74
1947	4,490	1,972	43.92	6
1948 (to 4.7.48) ...	2,223	1,011	45.48	—
1948 (from 5.7.48) ...	1,813	322	17.76	69
1949	3,769	1,432	30.5	278
1950	3,534	1,691	33.5	398
1951	3,622	1,975	40.2	832
1952	3,487	1,836	42.9	475

Prevention of Illness, Care and After-Care

(A) TUBERCULOSIS

The care and after-care responsibilities of the Local Health Authority in the case of the tuberculous have been discharged since the appointed day through the voluntary Care Committee on which the Health Committee is represented. A member of the staff of the Medical Officer of Health acts as secretary to that Committee. This arrangement works very satisfactorily because of the zeal and enthusiasm of the members of the Voluntary Care Committee who make direct contact with patients and their families with a view to discovering their needs, and the co-operation with the Tuberculosis Visitors.

The appointment of chest physicians is made jointly by the Local Health Authority and the Regional Hospital Board in order to provide for their respective duties of prevention under the Local Authority and diagnostic and curative work under the Board. Five tuberculosis visitors are employed partly in attending dispensary sessions and partly in home visiting. The responsibilities of the Local Health Authority and the Board are inextricably interwoven in the Anti-Tuberculosis Scheme, but there can never be any doubt from the point of view of the community as to the relative importance of prevention and of diagnosis and treatment. In fact, the bias in the scheme must always remain towards the preventive. It would indeed be a misfortune if ever the Tuberculosis Chest Clinic came to be regarded merely as another out-patient department of a hospital. Success is only achieved if the family of the tuberculous patient is treated as a whole unit.

The present arrangements under the National Health Service work satisfactorily in Plymouth with the utmost co-operation between the Chest Physicians and the Medical Officer of Health, but this may be only because the present members of the staff are accustomed to each other from pre-1948 days when they were all on the one staff of the Local Authority. What the future will be when new staff come into the scheme will depend upon personal abilities to work together. If, because of this dual control there is any likelihood of a breakdown of the scheme, the whole of the

NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS—1914-1952
and Attack Rate and Mortality per 1,000 population.

YEAR	PULMONARY TUBERCULOSIS				NON-PULMONARY TUBERCULOSIS				TUBERCULOSIS (ALL FORMS)			
	New Cases	Attack Rate	Deaths	Mortality	New Cases	Attack Rate	Deaths	Mortality	New Cases	Attack Rate	Deaths	Mortality
1914	370	1.74	262	1.23	131	.62	80	.37	501	2.36	342	1.60
1915	322	1.71	236	1.26	88	.47	84	.45	410	2.18	320	1.71
1916	376	2.04	254	1.37	166	.90	65	.35	542	2.94	319	1.72
1917	364	20.3	243	1.25	103	.57	89	.49	467	2.60	332	1.74
1918	417	2.32	300	1.67	130	.72	89	.49	547	3.04	389	2.16
Average 1914-1918	369	1.97	259	1.35	123	.65	81	.43	493	2.62	340	1.78
1919	266	1.46	231	1.27	74	.41	73	.40	340	1.87	304	1.67
1920	189	1.00	195	1.03	40	.21	46	.24	229	1.21	241	1.27
1921	370	1.85	208	1.04	117	.59	42	.21	487	2.44	250	1.25
1922	395	1.97	218	1.09	92	.46	48	.24	487	2.43	266	1.33
1923	346	1.79	202	1.04	119	.61	44	.23	465	2.40	246	1.27
Average 1919-1923	313	1.61	211	1.09	88	.45	50	.26	401	2.07	261	1.36
1924	294	1.52	209	1.08	92	.48	43	.22	386	2.00	252	1.30
1925	389	1.97	179	0.91	103	.52	44	.22	492	2.49	223	1.13
1926	443	2.36	177	0.95	116	.62	34	.18	559	2.98	211	1.13
1927	358	1.91	182	0.97	115	.61	31	.16	473	2.52	213	1.13
1928	325	1.73	159	0.85	111	.59	32	.17	436	2.32	191	1.02
Average 1924-1928	361	1.89	181	0.95	107	.56	36	.19	469	2.46	218	1.14
1929	300	1.51	166	0.84	78	.39	24	.12	378	1.90	190	0.96
1930	252	1.27	167	0.84	76	.38	33	.17	328	1.65	200	1.01
1931	320	1.67	157	0.69	62	.32	38	.20	382	1.99	195	0.89
1932	273	1.31	162	0.78	70	.33	31	.15	343	1.64	193	0.93
1933	253	1.22	178	0.86	58	.28	24	.12	311	1.50	202	0.98
Average 1929-1933	279	1.39	166	0.90	69	.34	30	.15	348	1.73	196	0.95
1934	246	1.21	167	0.82	63	.31	35	.17	309	1.52	202	0.99
1935	217	1.07	114	0.56	54	.26	30	.15	271	1.33	144	0.71
1936	204	0.98	125	0.60	51	.25	27	.13	255	1.23	152	0.73
1937	225	1.07	147	0.70	52	.25	15	.07	277	1.32	162	0.77
1938	209	0.98	135	0.64	42	.20	27	.13	251	1.18	162	0.77
Average 1934-1938	220	1.06	137	0.66	52	.25	27	.13	272	1.31	164	0.79
1939	194	0.90	138	0.64	51	.24	25	.12	245	1.14	163	0.76
1940	192	0.97	163	0.83	62	.31	25	.13	254	1.28	188	0.96
1941	194	1.30	141	0.94	42	.28	22	.15	236	1.58	163	1.09
1942	243	1.89	121	0.95	57	.44	30	.23	300	2.33	151	1.18
1943	240	1.76	126	0.92	56	.41	28	.20	296	2.17	154	1.12
Average 1939-1943	212	1.36	137	0.85	53	.33	26	.16	266	1.70	164	1.02
1944	233	1.61	124	0.86	38	.26	18	.12	271	1.87	142	0.98
1945	289	1.83	125	0.79	49	.31	16	.10	338	2.14	141	0.89
1946	284	1.61	105	0.60	50	.28	25	.14	334	1.89	130	0.74
1947	297	1.64	143	0.77	54	.29	30	.16	351	1.93	171	0.93
1948	284	1.50	142	0.73	41	.22	22	.12	325	1.72	160	0.85
Average 1944-1948	277	1.64	127	0.75	46	.27	22	.13	324	1.91	149	0.88
1949	273	1.43	119	0.62	30	.16	6	.03	303	1.59	125	0.65
1950	299	1.43	108	0.52	49	.23	15	.07	348	1.66	123	0.59
1951	251	1.14	92	0.42	45	.20	10	.04	296	1.34	102	0.46
1952	230	1.05	49	0.22	42	.19	5	.02	272	1.24	54	0.24

Tuberculosis Service should be returned to the Local Health Authority under whose administration great success was being achieved.

Mass Miniature Radiography I am indebted to Dr. Sheers, the Director of the Mass Miniature Radiography Unit at Plymouth, for the following information as to the work of the Unit in Plymouth :

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Per-centage</i>
Number of persons examined ...	12,679	6,478	19,157	
Number recalled for full-sized film	455	269	724	3.7
Number recalled for clinical examination	101	55	156	0.81

Incidence of Disease

	<i>Number</i>	<i>Per Thousand</i>
A. PULMONARY TUBERCULOSIS		
1. Newly discovered significant cases—		
Active	36	1.8
Doubtful activity, requiring observation	82	4.2
	<hr/>	<hr/>
Total ...	118	6.0
2. Inactive, requiring no further action ...	150	
3. Previously diagnosed	31	
B. OTHER CONDITIONS		
Carcinoma of the bronchus	2	
Neuro-fibroma	1	
Pneumononiosis	5	
Silico-tuberculosis	1	
Boeck's Sarcoidosis	2	
Cystic disease	2	
Bronchiectasis	6	
Pneumonia	3	
Post-pneumonic fibrosis	4	
Pleural effusion	2	
Pleural fibrosis	23	
Chronic bronchitis and emphysema	17	
Cardio-vascular lesion—		
Congenital	5	
Acquired	8	
Bony abnormality	10	

Age and sex distribution of all significant cases of pulmonary tuberculosis (Group 1 above)

	Under 15	15-24	25-34	35-44	45-59	60+
M.	6	22	15	8	15	6
F.	1	24	11	8	2	—

SUMMARY OF VARIOUS GROUPS EXAMINED AND THE RESULTS.

<i>Name of Group</i>	MINIATURES—EXAMINED			NEWLY DISCOVERED SIGNIFICANT CASES	
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Active</i>	<i>Doubtful activity under observation</i>
Industrial Surveys	9,522	3,005	12,527	20 (1.5)	51 (4.07)
School Leavers ...	1,428	1,189	2,617	6 (2.2)	8 (3.05)
Students	135	127	262	—	—
School staffs ...	122	130	252	—	—
Expectant Mothers	—	778	778	2 (2.5)	11 (14.1)
National Service Entrants ...	428	—	428	2 (4.6)	5 (11.6)
Referred by doctor ...	74	53	127	—	1 (7.8)
Hospital staffs ...	57	346	403	1 (2.5)	—
Other surveys, in- cluding Local Authority employees ...	913	850	1,763	5 (2.8)	6 (3.4)
TOTALS ...	12,679	6,478	19,157	36 (1.8)	82 (4.2)

Note.—Figures in brackets=per thousand persons examined.

B.C.G. Vaccination

Vaccination with B.C.G. to give protection against tuberculosis was begun in Plymouth in 1950, when 56 persons were inoculated. The number rose to 123 in 1951, the first full year, and, in 1952, 345 were immunised.

At present, this vaccination is restricted to persons who are considered to be at special risk of contracting tuberculosis, that is, family contacts of known cases of tuberculosis and medical students and nurses. It seems likely that in due course the Minister of Health will permit B.C.G. vaccination to be offered to a wider section of the population.

Considering the newness of the procedure in this country the acceptance of vaccination in the families of those eligible is reasonably good. Testing for suitability for vaccination, followed by vaccination where appropriate, has now been offered to the contacts of all known cases. The acceptance rate is high in the families of

recent cases, and it is usual to start the immunisation course within a month of the case being discovered, but there is some apathy with consequent poorer response in the families of old-standing or chronic cases.

In 1952, 1,060 contacts were tested for suitability for vaccination, making a total of 1,756 contacts of the 1,500 cases on the register tested since 1950.

Unfortunately, for technical medical reasons, rather more than half the persons tested are found to be unsuitable to receive vaccination. However, the number already vaccinated is probably becoming sufficiently large to have a noticeable effect on the incidence of the disease in certain categories, e.g. tuberculous meningitis, though it is too early to draw any conclusions.

Re-housing of Tuberculous Families No account of the Local Authority's measures for tuberculosis prevention, care and after-care, would be complete without reference to what is being done towards improving the housing conditions of the tuberculous family. This is, of course, of prime importance and it is receiving sympathetic handling by the Housing Committee of the City Council.

Total number of tuberculous families recommended by the Medical Officer of Health for rehousing during 1952	110
Total number of tuberculous families rehoused during 1952 	83
Total number of tuberculous families awaiting rehousing at 31st December, 1952	108

REPORT OF THE CONSULTANT CHEST PHYSICIAN

Notifications. The number of notified cases of Tuberculosis during the year amounted to 272. This number consisted of 230 respiratory and 42 non-respiratory and shows a decrease on the previous year of 21 in respect of the respiratory cases and 3 non respiratory.

The details of the notifications during 1952 are as follows :

<i>Age Groups</i>			<i>Respiratory</i>		<i>Non-Respiratory</i>	
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0-1	...	...	—	—	—	—
1-5	...	...	—	2	4	5
5-15	...	...	7	8	5	4
15-25	...	...	31	41	4	4
25-35	...	...	28	22	3	3
35-45	...	...	23	10	—	5
45-55	...	...	23	5	1	1
55-65	...	...	15	7	1	1
65 and over	...	...	6	2	—	1
Totals	...	...	133	97	18	24

There has been a reduction in the incidence of respiratory tuberculosis in the female age groups 15-35, and this is a very welcome aspect which I hope will continue.

The numbers on the notifications register at the end of the year were :

<i>Respiratory</i>			<i>Non-Respiratory</i>			<i>Total cases.</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
1,054	909	1,963	209	280	489	2,452

There was one respiratory Posthumous Notification.

Deaths.

During the year 1952, 57 cases on the Clinic Register died, this again being a decrease on the previous year, to the extent of 8, and is the lowest number of deaths ever recorded.

Clinic Register. The following table gives an analysis of the number of patients on the "live" Chest Clinic Register at the end of the year :

	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Totals</i>
Respiratory ...	894	601	123	1618
Non-Respiratory ...	68	91	69	228
Totals ...	962	692	192	1846

Chest Clinic. During the year 1952, 2,674 New Cases were referred to the Chest Clinic for diagnosis, this figure not including new contacts, of which there were 458.

The following table shows the number of cases referred to the Chest Clinic since 1943 and the number of contacts who have been examined for the same period. The 8 contacts found to be suffering from tuberculosis are included in the figure of 219 New Cases discovered to be definitely tuberculous :

<i>New Cases.</i>					<i>Contacts.</i>			
<i>Year.</i>	<i>Definitely Tuberc.</i>	<i>Non- Tuberc.</i>	<i>Diagnosis not completed</i>	<i>Total examined</i>	<i>Definitely Tuberc.</i>	<i>Non- Tuberc.</i>	<i>Diagnosis not completed</i>	<i>Total examined</i>
1943	297	1015	90	1402	4	309	25	338
1944	260	1077	81	1418	12	378	10	400
1945	340	987	154	1481	10	461	9	480
1946	327	1265	154	1746	23	623	65	711
1947	311	1520	267	2098	21	807	7	835
1948	322	1540	433	2295	25	1162	207	1394
1949	285	1473	731	2489	25	1071	185	1281
1950	295	1433	538	2266	17	963	444	1424
1951	234	1971	380	2585	23	1273	202	1498
1952	219	2113	350	2682	8	1504	143	1655

Contact Clinic Contacts are seen on Friday afternoons from 1-2.30 p.m. and working contacts may attend on Thursday evenings. Towards the end of the year, following the installation of a Miniature Camera Unit at Beaumont House, four special evening sessions were run on the lines of a Mass Radiography Unit, and no person attending was in the building for more than 8 minutes. An average of 70 were sent for at each session and the response was good until November, when only 50% of those sent for arrived. The sessions were therefore discontinued pending the return of better weather and lighter evenings. In all, 215 contacts were examined at these sessions. The previous practice of referring contacts to the Mass Radiography Unit has now ceased, the final session being held in March when 197 were examined.

Attendances The number of attendances of Plymouth cases at the Chest Clinic during the year totalled 19,311, and the following table shows how this figure compares with attendances for the last 10 years.

1943	...	...	8,942	1948	...	...	18,622
1944	...	...	9,506	1949	...	...	19,850
1945	...	...	11,505	1950	...	...	20,811
1946	...	...	14,007	1951	...	...	19,111
1947	...	...	16,618	1952	...	...	19,311

Evening Clinic This clinic continued throughout the year for persons who are working and 2,142 cases were seen, representing an average of 42 per session.

Domiciliary Visiting and Consultations The Consultant Chest Physician made 163 visits to patients in their homes and held 22 consultations in hospitals and at the patients' homes.

Special Forms of Treatment The Chest Physicians gave the following forms of treatment at the Chest Clinic during the year :

Artificial Pneumothorax and Peritoneum Refills	3,000
Other forms of treatment	176

**Institutional
Treatment.**

Further beds were made available for the treatment of tuberculosis during the year with the opening of the Military Families' Hospital, Devonport. 24 beds were provided and, in view of the length of the female waiting list, these beds were utilised for the treatment of female patients only. This, together with the extra 20 beds given the year before enabled considerable reductions to be made to the waiting list for treatment, and at the 31st December, 1952, the figure was only 20 as compared with the maximum reached in 1951 of over 100.

The details of admissions and discharges from the hospitals are as follows :

		<i>Respiratory</i>	<i>Non-Respiratory</i>
<i>Didworthy Chest Hospital </i>	Admissions	129	3
	Discharges	127	2
	Deaths	—	—
<i>Mount Gold Hospital</i>	Admissions	140	92
	Discharges	117	89
	Deaths	11	—
<i>Isolation Hospital ...</i>	Admissions	51	32
	Discharges	67	23
	Deaths	1	3
<i>Freedom Fields Hospital</i>	Admissions	35	—
	Discharges	37	—
	Deaths	—	—
<i>Military Families' Hospital </i>	Admissions	42	—
	Discharges	38	—
	Deaths	1	—

**Nurses and
Tuberculosis
Health Visitors**

2,905 visits were made by the Tuberculosis Health Visitors during the year, and 1,957 visits were made by the Queen's Nurses to patients in need of treatment and general nursing.

The progress which has been made in the treatment of Pulmonary Tuberculosis with chemo-therapy and surgery is having a marked effect on the work of the Tuberculosis Health Visitor. The length of time in Sanatorium is shortened, giving rise to a quicker turn-over of beds, thereby lessening the period of waiting for admission to Sanatorium for treatment. This in turn means that more and more time can be devoted to the preventive aspect of visiting than to the curative.

Whilst the prevention of infection in the home is foremost in the work of the Health Visitor, it is gratifying to know that the swing in the preventive direction is showing in the work of the Chest Clinics as well. More and more time is spent in examinations of contacts and vaccination with B.C.G., and during the past year the field has widened from the patient's immediate family and those living in the same house to the more distant relatives and friends of the patient. These are carefully gathered in and shepherded by the Tuberculosis Health Visitors to the clinic where practical aids of prevention are carried out, i.e. Mantoux testing, B.C.G. vaccination and regular periodic X-ray.

While the contacts of the newly notified cases respond very well to measures suggested, still some resistance is met in the family of the old recovered case. But even this group is gradually thawing out and weakening to the constant pressure exercised by the Tuberculosis Health Visitors.

One of the first considerations is to obtain the confidence of the afflicted family. One must be watchful all the time to approach the family not as a problem but as individuals in constant need of help, reassurance and instruction. In the effort to obtain maximum co-operation, continuity of treatment plays a great part. The fact that the nurse who visits the home also takes part in the clinical sessions, and that the personnel of the team working in unison often known by name to the patient's family, go a long way in the all-out effort to gain the confidence we need to carry out the work of prevention.

It is not altogether surprising that the patient and his family often end up by joining forces with us and do their part in stirring-up the imagination of the public in the task of eradicating tuberculosis from our midst.

**Voluntary
Organisations**

Tuberculosis Care and After-Care Voluntary Committee.

The Committee considered 282 applications for assistance during 1952, and of these, 190 were granted wholly or in part and the remaining 90 were either not granted or were referred to other organisations with which the patient had some connection. Mainly the Committee was asked for the supply of clothing, but there were also calls for help in respect of a final instalment for the purchase of a gas cooker, electricity accounts, furniture removals, furniture Hire Purchase accounts, and the cost of a driving course.

The supply of free milk was continued throughout the year and at the 31st December, 1952, there were 93 persons in receipt of this form of assistance. In spite of continual checks as to change of circumstances, need for extra nourishment, etc., the number continues to rise, the existing 93 being compared with 67, which was the figure at the 31st December, 1951; this in spite of cessation of supplies in 35 cases. In all, 4,043 gallons of milk were issued during the year.

To enable the Committee to meet the increasing cost of providing assistance, the Local Health Authority increased its Annual Grant to £475.

Close liaison has been maintained with other Voluntary and Statutory Organisations in the City, and these have very readily given assistance to patients whom this Committee have been unable to help. These include the Patients' Voluntary Welfare Fund, the Royal Naval Benevolent Trust, the Ministry of Pensions, various Regimental Associations, the Forces Help Society and the National Assistance Board.

(B) OTHER ILLNESS

In order that any patients who require follow-up after discharge from hospital receive it promptly, every encouragement is given for direct personal consultation between the health visitor and the hospital almoner. With the shortage of health visiting staff, however, it is perhaps just as well that no great demands in this direction have been made on them.

The Plymouth Clinical Area is fortunate in having a very active and resourceful Patients' Voluntary Welfare Fund operating in Plymouth, South Devon, and East Cornwall. This Fund is rendering invaluable help in a great variety of ways towards accelerating the patient's recovery, and its help is being increasingly sought by practitioners, hospital almoners, health visitors and others. The Medical Officer of Health is the chairman of the Sick Help Committee which deals with all applications for help.

**Health
Education**

Under Section 28 of the National Health Service Act, 1946, the approved proposals of the Plymouth Local Health Authority in connection with Health Education read as follows :

“ The Local Health Authority will develop its health education of the public generally in all matters relating to health and the prevention of illness. This will include lectures, advertisements, literature, display of posters and slides, and the showing of films.”

All these methods have been in active and constant use since 5th July, 1948, covering a wide variety of subjects. In all, 37,000 leaflets and 7,000 posters have been distributed and displayed at a cost of £220, and 9,000 copies of a monthly general health magazine have been distributed at a cost of £70. The main centres of distribution have been ante-natal and child welfare clinics and departmental offices, and posters have, apart from other places, been exhibited in all the public parks. Special exhibition stands dealing with numerous subjects have been on show in the City and at clinics, and specially designed wall sets have been in regular use. Publicity has also been obtained by the Department taking part in large exhibitions and a carnival procession.

Talks by health visitors to senior school children and to women's organisations are a routine part of the Department's programme, and when any special campaign has been undertaken appropriate films and special slides have been shown at principal cinemas. A number of film shows have been given to mothers at clinics in support of the talks on general health matters which are regularly given.

At the Department's request, two courses on health education for public health nurses have been held in Plymouth, the lecturers being supplied by the Central Council for Health Education.

Special Campaigns

“*Clean Food Production and Handling.*” Series of lectures mainly addressed to employees of food-preparing concerns—supported by public films and slides, leaflets, etc.

“*Diphtheria Immunisation.*” Two campaigns, the second being very intensive. Special films at almost all cinemas, slides, distribution of leaflets and showing of posters, use of special exhibits, contact made with many organisations, and advertising in local Press in collaboration with Ministry of Health.

“*Cancer.*” Specially worded leaflet produced locally, in co-operation with Plymouth Cancer Bureau of the Regional Hospital Board, distributed with letter asking for collaboration to women’s organisations in the City, members of the Medical Profession, Health Visitors, Midwives and Home Nurses, and distributed from all child welfare clinics. In all, 2,000 leaflets were used. A Press interview was held and publicity was given to the campaign.

“*Prevention of Accidents in the Home.*” Being pursued at present. Lectures and talks to senior school girls, women’s clubs, church organisations, those who care for old people, and mothers at clinics. Supported by use of posters, leaflets, and film strips.

(C) VENEREAL DISEASES

The working arrangements between the Medical Officer of Health and the V.D. Treatment Centre are excellent and the Sisters in-Charge of the Centre undertakes on behalf of the Medical Officer of Health the follow-up of persons under treatment and of contacts believed to be the source of infection.

61 contacts of patients attending this or any other clinic were persuaded to attend by the Social Worker.

TABLE "B" TOTAL NEW CASES FOR THE YEAR, 1952, INCLUDING TRANSFERS FROM
OTHER CENTRES.

Year	Syphilis				Chancroid				Gonorrhoea				Non-Venereal				Totals			
	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals
1947	171	13	13	197	8	1	-	9	202	24	21	247	597	50	53	700	978	88	87	1153
1948	188	12	9	209	2	-	1	3	207	9	15	231	656	53	40	749	1053	74	65	1192
1949	165	26	12	203	-	-	-	-	152	12	12	176	602	63	51	716	919	101	75	1095
1950	97	14	3	114	1	-	-	1	148	10	14	172	558	57	48	663	804	81	65	950
1951	66	11	1	78	1	-	-	1	107	10	5	122	464	48	53	565	638	69	59	766
1952	74	11	12	97	5	1	-	6	125	10	7	142	391	49	43	483	595	71	62	728

<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Soft Chancre</i>		<i>Non- V.D.</i>	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
—	3	—	17	—	—	—	41

Number of Contacts notified to M.O.H. Plymouth
from all Sources :—

on 1 form	...	114
2 forms	....	—
3 forms	....	—
4 forms	....	—
Total	....	<u>114</u>

(*Note.*—Almost all these notifications of Contacts are received from
Service Medical Officers.)

TABLE “ A ” NEW CASES FOR THE YEAR 1952,
EXCLUSIVE OF TRANSFERS.

<i>Year</i>	<i>Syphilis</i>			<i>Gonorrhoea</i>			<i>Totals</i>
	<i>Male</i>	<i>Female</i>	<i>Totals</i>	<i>Male</i>	<i>Female</i>	<i>Totals</i>	
1947 ...	58	89	147	163	58	221	368
1948 ...	94	75	169	171	38	209	378
1949 ...	75	76	151	135	29	164	315
1950 ...	46	44	90	127	29	156	246
1951 ...	35	27	62	99	17	116	178
1952 ..	44	38	82	95	37	132	214

Home Nursing

General Arrangements

The Local Health Authority arranged from July, 1948, that the Three Towns Nursing Association would provide on an agency basis the home nursing services for the City. For many years before this the Local Authority had given annual financial grants to the Association, but from July, 1948, the net cost of the service has been reimbursed to the Association by the Authority. This reimbursement has been on the basis of approved annual estimates.

Representation from the Authority exists on the Committee of Management of the Association.

Co-operation with Hospitals and General Practitioners

Liaison with the hospitals and general practitioners is good. Information regarding patients needing nursing after discharge is sent from the hospital to the Association and frequently the almoner will communicate by phone the needs of individual patients. The district nurse often prepares patients for X-ray examination before barium meal or enema. The nurses are doing an increasing number of injections for general practitioners. There is a satisfactory method of communication by means of the "Queen's Message Papers" left by the nurse at the patient's house or taken to the doctor's surgery.

Classification of Cases

During 1952, the following cases were attended :

Medical	2,907
Surgical	634
Miscarriages	34
Infectious Diseases	252
TOTAL	3,827

Of these 3,827, there were 1,362 old-age pensioners and 217 children under five years of age.

With regard to the trend of work since the National Health Service came into being the following figures apply :

	<i>Cases attended</i>	<i>Visits made</i>
1949	2,802	78,557
1950	3,268	87,534
1951	3,973	104,655
1952	3,827	118,469

An emergency night service only is provided, for such cases as miscarriage, haemorrhage, etc. The nurse attends to do what is necessary, but does not remain all night. As mentioned under "Home Help Service", there is a "Night Sitter" arrangement between the Council of Social Service and the Association.

Training

The Association's Key Training Home gives four and six months' courses in home nursing as approved by the Queen's Institute, all nurses employed if not district trained, being instructed and working under the supervision of a Queen's Nurse. As far as possible one administrator and two nurses attend annual refresher courses.

Home Help Scheme

(*Organiser:* Mrs. P. NODDER)

The Local Health Authority had a comprehensive Home Help Service before the commencement of the National Health Service Act and, in addition, the Plymouth Council of Social Service had an Old People's Domestic Help Scheme which was extensively used.

A full-time organiser was appointed in 1948, and she is responsible for recruiting the helpers and organising and supervising their work. The helpers are employed on a casual or occasional basis, receiving pay only whilst employed on a case. This service has proved to be a great boon to families who are in difficulties through the mother's confinement or illness, and it is used by the public to the fullest extent. Owing in particular to the present rate of pay to helpers, the cost of the service has increased considerably. The full cost of a helper's service of fifty hours per week is £5. 19s. 2d. The charges made by the Local Authority to the householder are scaled according to income and size of family, and special consideration is given by a small sub-committee to cases of particular hardship. Rather less than one-quarter of the total cost of the service is recovered from those receiving help.

The quality of the helpers is good and no difficulty is experienced in obtaining their services. There are no special training facilities. An annual medical examination and X-ray of the chest are required of all helpers and those who volunteer to work in tuberculous households and are regarded as suitable for this receive special instruction. They also receive a slightly higher rate of pay.

In 1952, a total of 374 cases was helped and these included 186 confinements, 159 general, and 29 tuberculous cases.

Nearly all the patients helped by the Council of Social Service are old-age pensioners not requiring full-time assistance and payment is made by the National Assistance Board. There is, of necessity, close co-operation between this voluntary association and the organiser of the municipal service, and the Local Health Authority has made an annual grant of £1,250 to the Council of Social Service to help with the scheme since July, 1948.

The Council of Social Service recently commenced a Night Attendant scheme for people who are seriously ill at home in order to relieve relatives, at least for a time, of the strain of night watching. A charge is made for this service, and help is provided only on a doctor's recommendation.

NATIONAL ASSISTANCE ACTS, 1948 AND 1951

REMOVAL OF PERSONS NEEDING CARE AND ATTENTION

Out of the considerable number of old people in the City known to Health Visitors, Sanitary Inspectors and Welfare Organisations, 33 (16 males, 17 females) were brought to special notice as receiving insufficient care and possibly requiring admission to a residential home or to hospital. Of these, 13 were admitted voluntarily to Wolseley Home (8) and hospital (5). In many of the remaining cases it was possible, by calling on the existing facilities for supplying assistance or nursing in the home, or additional clothing, or arranging for disinfestation, so to improve conditions that the old person could continue to live in his home.

Many old persons require very little outside assistance to enable them to lead a satisfactory life at home, but some living alone reach the stage when constant attention is necessary. The cost to the community of providing day and night attendance to individuals in their own homes for long periods could easily exceed the cost of maintenance in a Residential Home without giving all the amenities of the Residential Home. With the general ageing of the country's population it does not seem that the need for Residential Home accommodation will lessen, rather the reverse.

In three cases during the year it was impossible to effect a satisfactory voluntary arrangement and it was necessary to exercise the powers given under the National Assistance Act and apply to the Magistrates' Court for authority to remove the persons to a Home or Hospital when they refused voluntary admission. The Court made an Order for removal in each case, details of which are given below.

Action under National Assistance Act, 1948, Section 47

CASE 1

This was a widow aged 60 without near relatives who was also a registered Blind Person. In the early summer she fell in her home where she lived alone, and fractured her left femur. She was admitted to hospital for treatment. The fracture showed no signs of uniting after two months and an operation was proposed. This she refused and returned to her home where she was bedfast. As an emergency measure the Local Authority supplied a Home Help. This was

continued for two months during which the patient was still confined to bed. During this time there was a steady deterioration in the patient's condition owing to lack of skilled nursing attention and the bone was still ununited. In addition, even a Home Help for eight hours a day proved insufficient for a blind bedfast person. An Order was therefore obtained for her removal for three months to hospital where she could have constant nursing and attention and such medical treatment as she would accept.

CASE 2

This was a widow aged 86 with no relatives and living alone. Her increasing feebleness, coupled with persistent refusal to accept some help in the home had brought her person and rooms to such an unclean state that there was danger to the health of herself and others. An Order was obtained for her removal to Wolseley Home for a period of three months. This was subsequently renewed for a further three months during which period she died.

Action under the National Assistance Amendment Act, 1951

CASE 3

This was a widower aged 71 without relatives and living alone. His legs became partly paralysed following a stroke and he was also incontinent. He was removed to Wolseley Home under an Order for three weeks which was subsequently extended for three months. Owing to increasing paralysis he is now in a hospital bed.

An Order extending the period of retention in Wolseley Home for a further three months was also made in respect of a man aged 70 who had been admitted initially for three weeks in December, 1951, with a heavy infestation with lice and a septic skin condition. On the expiry of the three months he remained voluntarily in the Home.

Though it was only necessary to obtain Orders for compulsory removal in three cases, Section 47 of the National Assistance Acts, 1948 and 1951, is proving most valuable legislation in dealing with the few extreme problems which cannot be solved in any other way.

Mental Health

REPORT OF THE SENIOR MEDICAL OFFICER,

Dr. N. R. MATHESON

1. Adminis- tration

(a) The Health Committee of the Local Health Authority has appointed a sub-committee of six to carry out the Authority's duties under Section 28 of the National Health Service Act. This sub-committee meets every two months.

(b) The Medical Officer of Health is the Officer responsible for the organisation, control and medical direction of the service. Under him, a Senior Assistant Medical Officer has been appointed to devote his time wholly to mental health work. This officer had no special knowledge of psychiatry or mental deficiency before 1948, but is approved by the Board of Control for the purpose of giving medical certificates under Sections 1 (3) and 5 (3) of the Mental Treatment Act, 1930, and by the Local Health Authority for medical certificates under Section 5 (2) of the Mental Deficiency Act, 1913.

There are no psychiatric social workers employed. Of the four mental health social workers, three are also duly authorised officers. Two of these officers attended the course designed for the guidance of former Relieving Officers. The third officer had previous experience of mental deficiency and lunacy work with a Voluntary Association for Mental Welfare. The fourth social worker is a qualified mental deficiency nurse, who has also been superintendent of a Children's Home. The Statutory Officer for the purpose of the Mental Deficiency Acts is also the Senior Clerk of the department. Two other clerks are employed.

The Occupation Centre staff consists of a Supervisor, three assistant supervisors, and a trainee assistant. The Supervisor is qualified by long service, but none of the staff has had any special training.

(c) The supervision of patients on licence from Institutions for Mental defectives is carried out by the Authority's staff on behalf of the Institutions. Progress reports and home circumstances reports are sent as necessary. Special reports and certificates for the purpose of renewing Orders under the Mental Deficiency Act are often supplied by the Medical Officer.

For the help of the Physician-Superintendent of the local mental hospital, a brief case history is sent after the admission of patients under Sections 16, 20, and 21 of the Lunacy Act, 1890. This is intended to give an early picture of the circumstances leading to the Order being made, and is not a detailed social history such as will later be compiled by the hospital's own staff.

The Superintendents of the Royal Western Counties Institution and of Moorhaven Mental Hospital act as consultants to the Local Health Authority, and their advice has been sought by the Medical Officer on several occasions.

Mental defectives in community care have been accepted informally by the Royal Western Counties Institution for short-term care as suggested in Ministry of Health Circular 5/52.

(d) No duties have been delegated to Voluntary Associations.

(e) The assistant supervisors in the Occupation Centres have all been trained by the Supervisor. Otherwise no arrangements for training staff have been made.

2. Work undertaken in the Community

The Mental Health Social Workers have districts assigned to them, wherein they visit after-care cases, and mental defectives under supervision or guardianship, or on licence from an institution.

Good relationships exist between the Department and other interested bodies of persons, such as General Practitioners, Disablement Resettlement Officers, the Home Help Organiser, National Assistance Board Officers, etc.

For the most part, the local Mental Hospital provides after-care for its own discharged patients through its Psychiatric Social Worker and Out-Patients' Clinics. Some cases, generally ones well known to the Department before admission, are handed back on discharge for after-care. The Psychiatric Social Worker from the Hospital brings notes on these patients to the Medical Officer. Psychiatric cases discharged from the Services also receive after-care from the Authority's social workers.

The Duly Authorised Officers maintain a roster of duty throughout the twenty-four hours. Every effort is made to persuade patients to accept voluntary treatment when they need to go to the mental hospital. If they cannot be persuaded, action is usually taken under

Section 21 of the Lunacy Act. The Physician-Superintendent of the Hospital favours this section, as, during the fourteen days of detention, his staff are frequently able to persuade the patient to stay voluntarily at the expiration of the period.

A serious hindrance to the smooth running of our work, and a source of anxiety to the staff, is the absence of an Observation Ward in the City. All cases have to be admitted directly to the mental hospital, where it happens, not infrequently at Moorhaven Hospital, that no bed is reserved for the admission of patients, however urgent. Several complaints have been made to the Regional Hospital Board, but their arrangement has been that when Moorhaven is full, the patient must be taken to St. Lawrence's Hospital, Bodmin, a long journey involving a ferry crossing. This trip almost inevitably means certification of the patient, as few will volunteer to go to Bodmin.

In the lack of an Observation Ward in the City, Plymouth patients in Moorhaven Hospital who need to be certified have to be dealt with by a Devon County Authorised Officer who has had no previous dealings with the patient and his relatives. There is excellent co-operation between the officers of the two authorities, but the procedure is bound to cause difficulties.

The Mental Health Service's Medical Officer is approved under Regulation 53 of the Handicapped Pupils and School Health Service Regulations, 1945. He devotes six sessions weekly to examining pupils suspected to be mentally retarded or maladjusted. When such pupils are notified under Section 57 of the Education Act, 1944, they are therefore, already known to the Medical Officer. From time to time a pupil yet too immature for school, has been admitted to the Health Authority's occupation centre. He thus has the benefit of companionship, discipline and sense training under observation, pending a further assessment of his educability.

General practitioners, the Authority's Maternity and Child Welfare staff, Probation Officers and others, refer cases to the Medical Officer for opinion. Cases found to be mentally defective are presented to the Mental Health Sub-Committee with recommendations for dealing with them.

Because the National Assistance Board makes allowances to unemployable mental defectives over sixteen years of age, the number of patients under guardianship has been reduced, since the

making of a monetary grant was usually the over-riding reason for such action being taken. The quality of care is, in practice, usually the same whether the patient is under Guardianship or Statutory Supervision.

There are two Occupation Centres in the City, catering for about sixty pupils. Transport is provided to bring most of them to and from the Centre, and a mid-day meal is provided through the local School Meals Service of the Education Authority. The Health Authority, desiring to bring the Occupation Centres under one roof, and to cater for older defectives, had plans submitted to the Minister of Health for a Centre for about one hundred and twenty pupils.

3. Lunacy and Mental Treatment Acts Here, the problem of the elderly dementing person becomes more pressing. Provision of additional senile wards in hospitals and institutions would do much to relieve the overcrowding at the mental hospitals.

During the year, 164 cases were dealt with under the Lunacy and Mental Treatment Acts, as follows :

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Admitted under Sec. 20, Lunacy Act, 1890	...	9	11	20
Admitted under Sec. 21, Lunacy Act, 1890	...	33	60	93
Certified under Sec. 16, Lunacy Act, 1890	...	2	12	14
Admitted as Temporary Patients under Sec. 5, Mental Treatment Act, 1930	... ..	—	2	2
Admitted as Voluntary patients	... ..	13	22	35
		57	107	164

In addition, a very large number of voluntary patients were, of course, admitted to hospital otherwise than through the Department —by arrangement with the hospital direct, through the patient's own doctor, or by way of the psychiatric clinic.

4. Mental Deficiency Acts 113 cases were ascertained as Mental Defectives during the year, 83 of them being “ subject to be dealt with ” under the Mental Deficiency Acts, 1913–1938. These were as follows :

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Cases reported by the Local Education Authority :				
Under Sec. 57 (3), Education Act, 1944	...	23	13	36
Under Sec. 57 (5), Education Act, 1944	...	14	10	24
Reported from other sources	... ..	8	15	23
Cases reported, but not at present “ subject to be dealt with ”	... ..	14	16	30
		59	54	113

24 cases were admitted to institutions during the year ; 57 ceased to be under care, and 14 died or removed from the area.

The number of cases reported by the Education Authority has not varied much during the four years since the operation of the National Health Service Act. The number reported from other sources, such as Magistrates' Courts, probation officers and other social workers, has, however, gradually increased. This shows an increasing awareness of the work of the Mental Health Service and of the desirability of obtaining expert advice in cases where there is any suspicion of mental defect or disorder.

The steady exodus of population from the centre and southern end of the City to the new housing estates in the northern suburbs has resulted in a great deal more of our social workers' time being spent in travelling.

Cases for whom the Local Health Authority was responsible as at 31st December, 1953, were as follows :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Guardianship... ..	—	5	5
Under Statutory Supervision	245	204	449
Under Voluntary Supervision	11	18	29
In Institutions	166	180	346
On Licence from Institution	50	20	70
Others... ..	10	12	22
	482	439	921

The total of 921 defectives known to the Local Health Authority represents a figure of 4.19 defectives per thousand of the population of the City. This figure varies only slightly from year to year, but is considerably higher than the figure of about 2.94 per thousand for the country as a whole. There is a very wide variation in the ascertainment figures of individual local health authorities, which, in 1951, ranged from 8.24 per thousand (Walsall) to 0.98 per thousand (Carmarthen).

There is, unfortunately, a large number of patients who should be removed from their homes, but for whom beds are unobtainable. At the end of the year 34 patients urgently in need of Institutional Care were awaiting admission. There appears to be no hope of any early improvement in this position.

Since we no longer have the use of Wolseley Home to which patients could be taken as a " Place of Safety ", there is no place to which urgent cases can be moved pending certification. The Royal

Western Counties Institution at Starcross, the nearest institution for Mental defectives, is overcrowded, and, in general, can only accept a patient upon the death or discharge of one of a similar grade. The difficulty was amply illustrated recently when a bed was obtained in a Bristol institution for a Plymouth youth, but could not be taken up as he, a vagrant, could not be safely housed anywhere while the officer concerned could take the necessary legal proceedings.

The steadily worsening position with regard to accommodation, both for mental defectives and for the mentally ill, has seriously handicapped the work of the Department. Our explanations and apologies are of little consolation to a family whose nerves have been frayed to breaking point by the responsibility of caring for a troublesome defective or mentally ill relative. But the staff, by frequent visits, do their best to keep the life of the families running as smoothly as possible. Other statutory and voluntary bodies are asked to assist, where possible, and every endeavour is made to obtain work for those patients capable of employment.

Ambulance Service

Ambulance Officer: Mr. R. SAMPSON

Use of the Service

The total number of patients carried during 1952 increased by 442 over 1951 with a decrease of 1,237 miles. As far as Plymouth patients are concerned, however, there is an increase of 406 patients and 2,469 miles. The whole of this increase is due to the conveyance of persons to and from the various Out-patient departments of the hospitals as the number of In-patient admissions and discharges and emergency calls have decreased.

There is still a large demand for ambulance transport of patients to hospitals for specialist consultations. Coupled with this a large number of persons who have been in-patients at the hospital have to return a few days after their discharge for a further "check-up".

Although the mileage has increased, the average distance covered for Plymouth out-patients has decreased from 3.217 miles per patient in 1950 to 2.338 miles in 1952. Although this does not appear very much, when it is multiplied by over 33,000 out-patients it becomes a formidable figure—a saving largely attributable to the use of the Radio-Telephone and the large sitting-case vehicles.

Requests for Ambulances

In a case of an emergency anyone may summon an ambulance. In other cases requests are only accepted from doctors, midwives, or authorised representatives at the various departments of the hospitals. A close check is kept on the requests for the transport of out-patients. Special forms are supplied to General Practitioners for submission to this Service when requesting transport for a person attending the Out-patient department for the first time. Afterwards, if transport is again required, it is the responsibility of the appropriate hospital department to make the request. All hospitals are supplied with vouchers which are valid for seven days only.

The hospital authorities also confirm in writing all requests for the transport of patients who are being discharged after having had in-patient treatment.

Co-operation

Close co-operation is maintained with neighbouring Ambulance Services in order to prevent overlapping. All requests from Plymouth hospitals and convalescent

homes for ambulance transport for patients being discharged are received by this Service. Those for patients residing in Cornwall are passed to the Divisional Ambulance Officer at Liskeard once a day, thus reducing telephone costs and allowing for better co-ordination of ambulances.

There is a “ knock for knock ” agreement in force with Cornwall County Council for the transport of geriatric patients between Plymouth hospitals and Lamellion Hospital, Liskeard.

Vehicles The new vehicles mentioned in my last report as being on order have been delivered. The large sitting-case vehicles are proving particularly useful in the transport of out-patients. Some of the vehicles which the Service had new in 1949 have already travelled over 100,000 miles.

Official Visit The Service was honoured on September 19th with a visit from the Minister of Health, Rt. Hon. Iain Macleod, M.P. An inspection of the Ambulance Headquarters followed an informal talk with the Chairman and Members of the Health Committee and the Ambulance Sub-Committee.

St. John Ambulance Brigade Valuable assistance is still being given by members of the St. John Ambulance Brigade, in particular by the Nursing Divisions whose members undertake valuable work, often at very short notice, in escorting patients long distances by road or rail in addition to providing help with the transport of persons by ambulance locally. The total hours of voluntary help amounted to : Men, 9,396 ; Women, 5,857.

	<i>Plymouth</i>	<i>Devon</i>	<i>Cornwall</i>	<i>Total</i>
(A) ROAD JOURNEYS				
(a) Ordinary Removals*	47,302	1,103	41	48,446
Mileage	193,948	28,781	1,716	224,445
(b) Accidents and Sudden Illnesses	2,698	—	—	2,698
Mileage	11,702	—	—	11,702
(c) Other calls	1,588	—	—	1,588
Mileage	4,485	—	—	4,485
Total Mileage ...	210,135	28,781	1,716	240,632
	<i>Plymouth</i>	<i>Devon</i>	<i>Cornwall</i>	<i>Total</i>
(B) RAIL JOURNEYS	145	2	2	149

PLYMOUTH OUT-PATIENTS

		1951		1952	
		<i>Patients</i>	<i>Miles</i>	<i>Patients</i>	<i>Miles</i>
		35,531	78,001	33,025	77,215
Deduct Occupation Centre Pupils		3,109	3,770	—	—
<i>Nett Out-Patients</i>	...	<u>32,422</u>	<u>74,231</u>	<u>33,025</u>	<u>77,215</u>

These figures represent in 1952 as compared with 1951 :
 an increase of 603 Out-patients
 an increase of 2,984 miles

Port Health Authority

REPORT OF THE DEPUTY PORT MEDICAL OFFICER,

Dr. G. B. CARTER

This report is in the form and sequence prescribed for Annual Reports of Medical Officers of Port Health Authorities by the Ministry of Health Form Port 20, dated October, 1952.

SECTION I. STAFF

TABLE A

<i>Name of Officer</i>	<i>Nature of appointment</i>	<i>Date of appointment</i>	<i>Qualifications</i>	<i>Any other appointments held</i>
T. Peirson	Port Medical Officer	5.12.32	M.D., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health, City of Plymouth
G. B. Carter	Deputy Port Medical Officer	5. 7.48	M.D., D.P.H.	Deputy Medical Officer of Health, City of Plymouth
H. B. Boucher	Part-time Port Medical Officer	1. 5.50	M.B., F.R.C.S., D.T.M. & H.	Assistant Medical Officer of Health, City of Plymouth
A. S. Kitt	Port Health & Food Inspector	3. 2.47	Sanitary Inspector's Certificate. Meat & Other Foods Certificate	—

Address and telephone number of the Medical Officer of Health :

Port Health Office : Millbay Docks, Plymouth.

Tel. : Plymouth 2821, Ext. 245, by day.

Tel. : Plymouth 61441, at night and week-end.

City Office : Seven Trees, Lipson Road, Plymouth.

Tel. : Plymouth 61081, by day.

Tel. : Plymouth 61441, at night and week-end.

SECTION II. AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING
THE YEAR
TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number inspected</i>		<i>Number of ships reported as having or having had during the voyage, infectious disease on board</i>
			<i>By the Medical Officer of Health</i>	<i>By the Sanitary Inspector</i>	
Foreign Ports	642	1,747,171	139	469	9
Coastwise	1,109	578,348	4	1,017	—
Total	1,751	2,325,519	143	1,486	9

SECTION III. CHARACTER OF SHIPPING AND TRADE DURING THE
YEAR
TABLE C

Passenger Traffic:

Number of passengers INWARDS	11,341
Number of passengers OUTWARDS	2,772

The total number of passengers remaining on board passenger-carrying vessels entering the Port of Plymouth (exclusive of those shown above) was 38,378.

Cargo Traffic:

Principal IMPORTS—

Foreign:

- Fertilisers from Ghent, Rieme, Antwerp, and Hamburg.
- Basic Slag from Rouen and Terneuzen.
- Phosphates from Sfax, Casablanca, Nantes, Antwerp, Ghent (Rouen, and Rieme.
- Potash from Hamburg, Antwerp, and Bremen.
- Potatoes from Treguier, Paimpol, and Loctudy.
- Fresh Fruit from Holland, France, and Spain.
- Preserved Meats from Holland.
- General Foodstuffs from Holland.
- Onions from Roscoff and Rotterdam.
- Timber from Vancouver, Gothenburg, Kotka, Mantyluoto, Hamburg, and Hamina.

Grain from Vancouver and Odessa.
 Oyster Shells from Frederikssund.
 Fuel Oil from Abadan, Trinidad, and Aruba.
 Cement from Slite.
 Slates from St. Malo and Dunkirk.

Coastal:

Coal from South Wales and North-East Ports.
 Gas Oil from Avonmouth, Thameshaven, Swansea, Hamble, Ellesmere Port, and Fawley.
 Benzine from Southampton and Fawley.
 Motor Spirit from Southampton and Fawley.
 Fuel Oil from Portsmouth, Swansea, Grangemouth, Hamble, and Southampton.
 Kerosene from Fawley and Hamble.
 Fertilisers from Middlesborough.
 Cement and Asphalt from London.
 China Clay from Fowey, Charlestown, and Par.
 Grain from Avonmouth, Cowes, Newport (I.o.W.), and King's Lynn.
 Stone from Newlyn.
 Potatoes from Belfast, Londonderry, Kilkeel, and Dundrum.
 Fish from Deep Sea Fishing Grounds.
 Margarine, Peas, Soups, Cooking Fats, Sauces, Syrup, Tinned Fruit, Flour, Jam, Biscuits, Macaroni, Tapioca, Lentils, and Custard Powder from Liverpool.
 Sauces, Flour, Peas, Margarine and Cooking Fats from London.
 Coffee, Tinned Vegetables, Cereals, Apples, Soups, Tinned Milk, and Meat from Glasgow and Belfast.

Principal EXPORTS—

Granite chippings and China Clay.

PRINCIPAL PORTS from which ships arrive :

Asia and

Australasia

Adelaide

Auckland

Europe

Amsterdam

Antwerp

America

Aruba

Baltimore

Africa

Arzew

Beira

<i>Asia</i>			
<i>Australasia</i>	<i>Europe</i>	<i>America</i>	<i>Africa</i>
Calcutta	Archangel	Bermuda	Bona
Georgetown	Bergen	Boston	Cape Town
Melbourne	Boulogne	Buenos Aires	Casablanca
Port Pirie	Bordeaux	Cristobal	Ceuta
Rangoon	Bremen	Curacao	Funchal
Singapore	Bremerhaven	Georgetown	Mombasa
Wellington, N.Z.	Brest	(P.E.I.)	Oran
	Calais	Houston	Ponta Delgada
	Cherbourg	Montevideo	Sfax
	Copenhagen	New West-	Takoradi
	Cork	minster (B.C.)	Tangier
	Danzig	New York	
	Dublin	Newport (R.I.)	
	Dunkirk	Paramaribo	
	Frederikssund	Philadelphia	
	Ghent	Port Limon	
	Gibraltar	St. John (N.B.)	
	Gothenburg	Trinidad	
	Guernsey	Valparaiso	
	Hamburg	Vancouver	
	Helsinki	Victoria (B.C.)	
	Huelva		
	Jersey		
	Kotka		
	Le Havre		
	Lisbon		
	Malta		
	Mantyluoto		
	Odessa		
	Paimpol		
	Roscoff		
	Rotterdam		
	Rouen		
	St. Malo		
	Treguier		

SECTION IV. INLAND BARGE TRAFFIC

There is no inland barge traffic at the Port.

SECTION V. WATER SUPPLY

(a) The source of water supply for the Port, British Railway Docks, Cattedown, and Sutton Harbour is from Plymouth Corporation Water Department hydrants on the wharves.

(b) Shipping is supplied with water from either the hydrants on the wharves or from the water-boat *Ena*. The water-boat supplies are taken from Corporation hydrants.

The tanks of the *Ena* were inspected periodically throughout the year, and samples of water taken were found to be satisfactory.

SECTION VI. PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

(1) *List of Infected Areas* (Regulation 6)

A list of Seaports and Airports in which a confirmed or suspected quarantinable disease has occurred is supplied weekly by the Ministry of Health. Copies are typed and sent to the Chief Pilot, H.M. Customs, and to all the boarding Medical Officers.

(2) *Radio Messages* (Regulation 13)

(a) There are no arrangements for sending permission by radio for ships arriving from foreign ports to enter the district, except for foreign warships and Royal Naval Auxiliary vessels which are in radio communication with the Plymouth Naval Base, and report their state of health prior to entering the Port. Other vessels anchor in the Sound, which is a recognised mooring station, and are there boarded.

[(Regulation 14 (1) (a) and (2)]

(b) Vessels landing passengers, and any vessels requiring the attention of the Port Medical Officer, usually wireless their time of arrival at the Port and the state of health on board to the Agents. The latter then inform the Port Health Authority, and, in the case of vessels landing passengers, give the time that the tender will be leaving the wharf to deal with the vessel anchored in the Sound. If there are any infectious conditions aboard, the vessel is required to give preliminary radio warning either to the Port Health Authority or to the local Agents in accordance with Regulation 14 of the Public Health (Ships) Regulations, 1952.

(3) *Notifications otherwise than by radio* [(Regulation 14 (1) (b)]

Vessels entering the Port requiring the Port Medical Officer fly the appropriate flag and are boarded in the Sound by the Medical Officer and the Inspector, who go off in the Port Health Launch, which is prepared to land cases if necessary.

After office hours, information concerning ships entering the Port flying a signal for the Port Medical Officer is received from the Queen's Harbourmaster, H.M. Customs, and Royal Naval Authorities.

(4) *Mooring Stations* (Regulations 22 to 30)

Jennycliffe Bay in Plymouth Sound is used as a mooring station in the case of vessels which intend entering the Docks. As the larger liners lie off in Cawsand Bay or just inside the Breakwater, the usual anchorage is regarded as a mooring station.

(5) *Arrangements for :*

(a) *Hospital accommodation for infectious diseases (other than smallpox)*

Cases of infectious disease landed from vessels are admitted to the Beacon Park Isolation Hospital, Plymouth. Cases suffering from Tuberculosis may be accommodated by arrangement at the Mount Gold Orthopaedic Hospital, Plymouth, if unfit to travel to their home address.

(b) *Surveillance and follow up of contacts*

Where necessary, the names and intended destinations of passengers disembarking from a ship who are contacts of infectious disease are forwarded to the Medical Officers of Health in the appropriate districts.

(c) *Cleansing and disinfection of ships, persons, clothing and other articles*

When cases of infectious disease are removed from ships in the motor launch *Argus* to hospital ashore, the quarters on board are disinfected with Formalin.

Clothing, bedding, etc., are conveyed to the Beacon Park Isolation Hospital for disinfection in the Washington-Lyons Steam Disinfector.

SECTION VII. SMALLPOX

(1) *Isolation Hospitals available*

The first case or cases would be admitted to the Smallpox Hospital, Liskeard, Cornwall (Telephone : Liskeard 2385), staffed from the Beacon Park Isolation Hospital, Plymouth (Telephone : Plymouth 4311 and 61437. Physician-Superintendent : Dr. D. F. Johnstone).

Should it appear likely that more extensive accommodation would be required, arrangements would be made for the Lee Mill Smallpox Hospital, at present used for convalescent orthopaedic cases, to be re-opened as a Smallpox Hospital.

(2) *Arrangements for the transport of cases to hospital*

The launch *Argus* of the Plymouth Port Health Authority based at Millbay Docks, Plymouth (Telephone : Plymouth 2821, Ext. 245, by day, and Plymouth 61441, at night and week-ends) is available to transport cases from ship to shore. The crew were re-vaccinated in December, 1952. Ambulances of the Plymouth City Council's Ambulance Service (Telephone : Plymouth 4101) are available to transport cases to hospital. Drivers and attendants who might be allotted to such duties were re-vaccinated in December, 1952.

(3) *Smallpox Consultants*

Plymouth and Cornwall : Dr. D. F. Johnstone, The Isolation Hospital, Plymouth.

Telephone : Plymouth 4311, 61437 and 3358.

Devon and Cornwall : Dr. W. A. Lister, 7 The Crescent, Plymouth.

Telephone : Plymouth 5701 and Devonport 40.

Devon and Cornwall : Dr. C. Seward, 20 West Southern Hay, Exeter.

Telephone : Exeter 2110 and Exmouth 4120

(4) *Facilities for the Laboratory Diagnosis of Smallpox*

Materials for the collection of specimens from suspected cases are always available at the Port Health Office, Plymouth. Specimens would be forwarded to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, London, N.W.9.

SECTION VIII. VENEREAL DISEASE

All ships coming into the Docks are boarded by the Port Medical Officer or Inspector, and where necessary, any information is supplied concerning venereal diseases. Pamphlets are provided to seamen setting out the times and days of the Venereal Disease Clinics at the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth, together with directions showing the route from the Docks to the Clinic.

The days and hours of attendance for males are as follows :

Monday :	6 to 7.30 p.m.
Tuesday :	10 to 11.30 a.m.
Wednesday :	10.30 to 12 noon.
Thursday :	6 to 7.30 p.m.
Saturday :	6 to 7.30 p.m.

During the year, 36 British and 13 Foreign seamen were treated at the Venereal Diseases Clinic.

The Nationalities were as follows :

British	...	36	French	...	1	Latvian	...	1
American	...	1	German	...	1	Maltese	...	2
Danish	...	1	Greek	...	1	Norwegian	...	1
Dutch	...	1	Indian	...	1	Portuguese		1
			Italian	...	1			

SECTION IX. CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Mumps	1	—	1
	German Measles	1	—	1
	Pulmonary Tuberculosis	1	—	1
	Tuberculosis	1	—	1
Cases which have occurred on ships from foreign ports, but have been disposed of before arrival	Mumps	1	—	1
	Measles	1	—	1
	Pulmonary Tuberculosis	1	1	2
	Pneumonia	1	—	1
	Malaria	2	—	1
	Whooping Cough	1	—	1
Cases landed from other ships	—	—	—	—

SECTION X. OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

There were no cases of malaria brought to notice in ships arriving at Plymouth during the year.

SECTION XI. MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No plague-infected or suspected ships entered the Port during the year.

SECTION XII. MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) All ships arriving at the various wharves are boarded by the Port Health Inspector, and enquiries made of the officers and crew as to evidence of rat infestation. Foremen Stevedores are also questioned as to the presence of rats. Where rat infestation is

found, trapping or poisoning is carried out by the Rodent Operator.
(2) All rats caught are destroyed, and specimens are submitted to the City Bacteriologist for examination for evidence of plague. During the year, six rats were examined, with no evidence of plague infection.

(3) Deratting of ships is carried out by fumigation with hydrocyanic acid gas. These fumigations are carried out by private firms under the supervision of the Port Health Authority.

The names of Commercial Contractors who have carried out the fumigation of vessels at this Port are :

1. Fumigation Services, Ltd., Barking, Essex.
2. London Fumigation Co., London, E.C.3.

(4) During routine inspection of vessels, the Port Health Inspector calls the attention of the responsible officials to any part requiring rat-proofing. When rat infestation is found, the owner is advised to substitute metal sheathing and expanded metal in place of wooden casings and sheathings round pipes, electric wires, etc., at a point where they pass through bulkheads or from one compartment to another, and to rat-proof provision storerooms and other compartments where necessary. In general, new vessels are found to be satisfactorily rat-proof.

TABLE E

RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM FOREIGN PORTS

<i>Category</i>			<i>Number</i>
Black Rats	...	...	27
Brown Rats	...	...	—
Species not known	...	...	—
Sent for examination	...	...	1
Infected with Plague	...	...	—

TABLE F

DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS

<i>No. of Deratting Certificates issued</i>					<i>Number of Deratting Exemption Certificates issued</i>	<i>Total Certifi- cates issued</i>
<i>After fumigation with</i>		<i>After trapping</i>	<i>After poison- ing</i>	<i>Total</i>		
<i>HCN</i>	<i>Other fumigant (state method)</i>					
—	—	—	—	—	25	25

Prevention of Damage by Pests Act, 1949 (Application to Shipping) Order, 1951

Under the above Regulations, 6 Rodent Control Certificates were issued to coastal vessels found free from infestation with rats and mice.

SECTION XIII. INSPECTION OF SHIPS FOR NUISANCES

TABLE G

INSPECTIONS AND NOTICES

<i>Nature and number of Inspections</i>		<i>Notices served</i>		<i>Result of serving Notices</i>
		<i>Statutory Notices</i>	<i>Other Notices</i>	<i>Complied with</i>
British	1,120	—	7	5
Other Nations	366	—	10	6
Total	1,486	—	17	11

SECTION XIV. PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948

Under the above Regulations, the following are prohibited areas for gathering mussels, cockles, winkles, limpets, and other shell-fish for human consumption by an order made in 1936 :

Hooe Lake.
The Hamoaze, including West Mud.
St. John's Lake.
Off Torpoint Institution.
Weston Mill Lake.
Off Rat's Island.
Mouth of St. Germans River.
Off Saltash.
River Tamar and its tributaries.

Notice-boards are maintained in these areas warning persons that the taking of shell-fish for sale for human consumption is forbidden.

No formal action has been necessary under the Regulations.

All oysters from the Yealm Oyster Fisheries are, by a voluntary agreement, subjected to a cleansing process before sale.

SECTION XV. MEDICAL INSPECTION OF ALIENS

(1) *List of Medical Inspectors of Aliens holding Warrants of Appointment:*

Dr. T. Peirson.
Dr. G. B. Carter.
Dr. T. H. Harrison.
Dr. N. R. Matheson.
Dr. H. B. Boucher.
Dr. L. N. Trethowan.
Dr. T. R. W. Forrest.

(2) *List of other staff engaged on this work:*

Nil.

(3) *Organisation of work:*

All ships carrying aliens are boarded by the Medical Officer during the course of duty under the Public Health (Ships) Regulations, 1952. At the same time, aliens are inspected as they pass before the Immigration Officer, and the Medical Officer is available for consultation as necessary with the Immigration Officer. The great majority of the work in connection with the Medical Inspection of Aliens is carried out by the Deputy Port Medical Officer and the Assistant Port Medical Officer, the remaining Officers performing occasional relief duties.

(4) *Nature and amount of aliens traffic:*

Much of the traffic is composed of incoming passengers from the United States of America, with a small number from Far Eastern Ports and the West Indies. Outgoing traffic is mainly composed of emigrants to Canada and Australia.

During the year, the number of incoming aliens was 7,063, and the number of outgoing aliens was 351.

(5) *Accommodation for medical inspection and examination:*

A room for medical examination is provided in the Port Health Office.

SECTION XVI. MISCELLANEOUS

(a) *Arrangements for the burial on shore of persons who have died on board ship from infectious disease:*

Disposal of the dead is carried out under conditions prescribed by the Medical Officer of Health in accordance with the nature of the disease. The Public Mortuary is available to accommodate bodies if necessary. Cremation is advocated, and is available.

(b) *Disposal of cases landed at the Port:*

Infectious Diseases:

No major infectious disease occurred within the area of the Authority during 1952.

Cases landed at the Port :

1. 8th April. One American female passenger, suffering from Mumps, was landed from the S.S. *Liberte*, and proceeded to London.
2. 19th April. One American male passenger, suffering from German Measles, was landed from the S.S. *Italia*, and removed by rail to Gloucester.
3. 13th May. One British male passenger, suffering from Pulmonary Tuberculosis, was landed from the M.V. *Kenya*, and admitted to the Dreadnought Seamen's Hospital, London.
4. 19th June. One British male passenger, suffering from Tubercular Peritonitis, was landed from the M.V. *Reina del Pacifico*, and proceeded by rail to Bournemouth.

Cases of non-infectious disease were dealt with as follows :

1. 11th January. One British member of the crew of the S.S. *Clan Cumming*, who died from multiple injuries, was landed and removed to the City Mortuary.
2. 4th February. One German member of the crew of the S.S. *Prest Mutzenbecher*, who died from a fractured skull, was left on board and taken to Bremerhaven.
3. 14th February. One British passenger suffering from Pyrexia was landed from the S.S. *Durban Castle*, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.
4. 14th February. One British passenger suffering from Parkinson's Disease was landed from the S.S. *Durban Castle*, and removed to his home address at Newport, Mon.
5. 10th March. One British member of the crew from the S.S. *Deseado*, who died of heart failure, was removed to the City Mortuary.
6. 13th March. One British member of the crew of the S.S. *Melbourne Star* was landed, suffering from jaundice, and removed to his home address at Looe, Cornwall.
7. 4th April. One American member of the crew of the S.S. *John Evans* was landed, suffering from a perforated ulcer, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

8. 22nd April. One Yugoslavian member of the crew of the S.S. *Korcula* was landed, suffering from Ulcers, and admitted to the South Devon and East Cornwall Hospital, Devonport.
9. 30th May. One American passenger, suffering from Tonsillitis, was landed from the S.S. *Liberte*, and removed to Dowlais, South Wales.
10. 19th June. One British passenger, suffering from Tubercular Peritonitis, was landed from the M.V. *Reina del Pacifico*, and removed to his home address at Bournemouth.
11. 2nd August. One British member of the crew of the S.S. *Silversandal* was landed, suffering from a mutilated finger, and admitted to the South Devon and East Cornwall Hospital, Devonport.
12. 19th August. One American passenger, suffering from a perforated ulcer, was landed from the S.S. *Liberte* and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.
13. 3rd September. One Canadian passenger, suffering from Acute Tonsillitis, was landed from the S.S. *Liberte*, and removed to Wadebridge, Cornwall.
14. 3rd September. One British passenger, suffering from Asthma, was landed from the S.S. *Liberte*, and removed by rail to his home address at East Ham, London.
15. 14th September. One French member of the crew of the Fishing Vessel S.S. *La Marotte* was landed, suffering from Pleurisy, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.
16. 18th October. One German member of the crew of the S.S. *Ostpreuszen* was landed, suffering from Pleurisy, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.
17. 27th November. One British passenger, suffering from Dyspepsia, was landed from the S.S. *Liberte*, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.
18. 23rd December. One British member of the crew of the tanker *Wave Premier*, who died on the vessel from heart failure, was landed and removed to the City Mortuary.

Most of the above cases were conveyed ashore in the launch *Argus*. This launch is equipped with radio operating on the Local Authority's Ambulance Service wavelength, which was of great value in calling up ambulances to meet the launch at the quayside and in giving hospitals preliminary notice of the arrival of cases.

(c) *Parrots (Prohibition of Import) Regulations, 1930*

No action was taken under the above Regulations before their revocation on 8th January, 1952.

(d) *Rats destroyed in docks, quays, wharves, and warehouses*

	Number of rats
Black	63
Brown	310
Number examined ...	5
No. infected with Plague ...	—

(e) *Food Inspection:*

During the year, 295 vessels were dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948. There were 157 from foreign ports, and 138 coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome, and unfit for human consumption consisted of :

	Tons	cwt.	qr.	lb.
Manitoba Wheat	25	10	0	0
Cheese		5	1	23
Beans		1	1	0
Rice			3	16
Macaroni			1	22
Vermicelli			1	22
Semolina				25
Fruit (Bottled)				11½
Grape Nuts			1	0
Cocoa				27
Various			1	21
TOTAL	25	19	2	27½

No action was taken under the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940.

No samples of food were taken during the year.

(f) The following specimens were submitted to the City Bacteriologist for examination :

<i>Nature of Specimen</i>	<i>From</i>	<i>Examined for:</i>	<i>Result</i>
Drinking Water Sea Water	Water-boat " <i>Ena</i> " Plymouth Sound	B. Coli B. Coli	No B. Coli in 100 ml. 180 B. Coli in 100 ml. B. Coli probably of faecal origin
2 Black Rats	Victoria Wharves	Plague	No evidence of Plague
1 Black Rat	S.S. " <i>Sjofna</i> "	Plague	No evidence of Plague
3 Black Rats	Western Counties Agricultural Association	Plague	No evidence of Plague

School Health Service

REPORT OF THE SENIOR MEDICAL OFFICER,

DR. T. H. HARRISON

During the year 1952 there were no important alterations in the organisation of the School Health Service.

The medical staff employed remained unaltered and was reasonably adequate and 12,802 pupils in five age groups, or 44.6 per cent of the pupils on the registers of all the Authority's schools at the beginning of the year, were medically inspected at school, and a further 13,050 other medical inspections made. 8.9 per cent of the pupils inspected at school in the age groups were found to be in need of medical treatment and not receiving it at the time of the inspection, and the largest numbers of the defects requiring treatment were orthopaedic defects, many of them postural defects, defects of vision and defects of the ear, nose and throat, in that order.

Cleanliness inspections at schools by the school nurses totalled 187,917, and the cleanliness of the pupils, which had been continuously improving since 1945, improved still further. The nurses also carried out 32,665 preliminary vision tests at schools.

Every pupil in attendance at school was inspected during the year by a dental officer and 70.1 per cent found to require dental treatment. 62.8 per cent of those requiring treatment accepted it, but owing to the continuing shortage of dental officers it was found possible to treat at the school dental clinics only 29.9 per cent, or rather less than half of those accepting, although all pupils requiring extractions were given these without delay. Pupils requiring fillings experienced a delay of approximately six months in many cases.

Nearly 11,000 pupils were given medical treatment at the school clinics during 1952, including cases of diseases of the skin, external eye diseases, ear, nose and throat defects, miscellaneous minor ailments, speech defects and child guidance. The waiting time for speech therapy was considerably lessened in the last quarter of the year by the appointment of a temporary part-time

Speech Therapist, additional to the one whole-time Therapist, but the position regarding Child Guidance showed no improvement chiefly owing to the shortage of psychiatrist's sessions at the Child Guidance Clinic.

The general condition of the pupils, as judged by the condition of those medically inspected at school, remained satisfactory and more pupils were found to be in better than average condition. Less than half the number of pupils were absent from school on account of coughs and colds than in 1951.

Staff. There were no changes during the year in the medical staff and the time given to the service by the whole-time medical officers of the Corporation, and one general practitioner working part-time, was equivalent to that of approximately 3.8 whole-time medical officers throughout the year.

Mr. F. R. M. Maynard, L.D.S., Assistant Dental Officer, was appointed in December as Senior Dental Officer as from the 1st April, 1953. Miss M. Rees, L.D.S., resigned her appointment as Assistant Dental Officer in March. Mr. M. S. Widdup, L.D.S., was appointed whole-time Assistant Dental Officer, and Mr. R. S. Fawcett, L.D.S., part-time Assistant Dental Officer, in September. The total time given by all the dental officers was equivalent to that of approximately 3.8 whole-time dental officers throughout the year.

A Psychiatric Social Worker was appointed in September, but resigned before taking up her appointment.

Mrs. M. Warne, L.C.S.T., was appointed temporary part-time Speech Therapist, additional to the one whole-time Speech Therapist, in September.

The staff of nine school nurses, including the Senior School Nurse, was maintained throughout the year. Nurse G. M. Speakman retired on superannuation in April after 19 years' service; Nurse M. Singer resigned on marriage in July; and Nurse B. Bradshaw in October on being granted a bursary by the Health Committee for training as a Health Visitor. Nurses E. Knight, S.R.N., M. W. Grose, S.R.N., and M. Russell, S.R.N., were appointed to fill the vacancies.

One dental attendant, Miss B. M. Higlett, resigned on marriage in March, and Miss P. R. J. Nicholls was appointed in September to fill the vacancy.

There were no changes in the remaining members of the staff.

Medical Inspection. Every school under the Authority was visited during the year for the periodic medical inspections of the pupils and the utmost co-operation was received from the head teachers and their staffs in the varying conditions encountered in the schools.

Pupils in five age groups were inspected, comprising the three basic age groups, viz. : Entrants to Primary Schools, Leavers at Primary Schools and Leavers at Secondary Schools, and two additional groups, viz. : pupils aged 7–8 years and pupils aged 12–13 years. All pupils in the 7–8 years age group were inspected and a start was made towards the end of the year on the inspection of pupils in the 12–13 years age group, being continued at the beginning of 1953. This was the first time that it was found possible to commence the inspection of pupils in the 12–13 years age group since the Authority decided in 1948 to provide five medical inspections during each pupil’s school life, the long delay being due to the impossibility of filling the vacancies in the Corporation’s medical staff until 1951.

All pupils at the Authority’s Day Special Schools were also inspected during the year.

The number of pupils who received a periodic medical inspection during 1952 was 12,802, as follows :—

TABLE 1A.—NUMBER OF PERIODIC MEDICAL INSPECTIONS

Entrants to Primary Schools (5–6 years)	...	...	3,918
Leavers at Primary Schools (10–11 years)	...	...	3,103
Leavers at Secondary Schools (Age 14 and over)	...	...	1,688
Total	...	...	8,709
Other Periodic Inspections :			
7– 8 Age Group	...	...	3,645
12–13 Age Group	...	...	161
Pupils at Special Schools	...	...	287
			4,093
Grand Total	...	...	12,802

TABLE IIA.--NO. OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS														SPECIAL INSPECTIONS	
		No. of Defects														No. of Defects	
		Entrants to Primary Schools		Leavers at Primary Schools		Leavers at Secondary Schools		7-8 Group Age		12-13 Age Group		Pupils at Special Schools		TOTALS		T.	O.
		T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.		
4	Skin	61	13	58	12	30	4	85	16	6	1	4	2	244	48	581	17
5	Eyes—																
	(a) Vision	87	118	153	220	94	136	129	216	13	7	30	23	506	720	605	111
	(b) Squint	93	24	49	41	4	4	74	55	1	1	6	3	227	128	95	17
	(c) Other	22	10	26	8	4	1	39	4	1	—	2	1	94	24	160	10
6	Ears—																
	(a) Hearing	22	41	2	12	6	2	5	16	—	1	—	36	35	108	16	14
	(b) Otitis Media	29	45	15	18	8	6	11	6	—	1	6	2	69	78	108	5
	(c) Other	14	21	9	1	—	1	9	5	—	—	—	—	32	28	121	7
7	Nose or Throat	190	263	63	90	16	18	91	145	9	3	14	9	383	528	128	52
8	Speech	18	24	6	1	2	1	15	18	1	—	1	10	43	54	43	10
9	Cervical Glands	28	155	7	23	—	9	11	15	1	1	1	2	48	205	33	7
10	Heart and Circulation	12	43	4	36	5	32	5	33	—	2	—	2	26	148	2	32
11	Lungs	50	144	28	64	10	26	33	91	4	2	—	14	125	341	70	26
12	Developmental—																
	(a) Hernia	8	6	5	1	—	—	4	12	—	1	—	—	17	20	13	1
	(b) Other	2	41	10	61	2	1	7	81	—	1	2	10	23	195	11	2
13	Orthopaedic—																
	(a) Posture	29	52	33	32	15	11	62	44	3	—	4	5	146	144	21	1
	(b) Flat foot	65	31	65	25	30	14	41	39	3	1	4	—	208	110	17	3
	(c) Other	88	126	57	31	26	16	95	72	3	4	9	5	278	254	87	12
14	Nervous System—																
	(a) Epilepsy	6	3	5	3	3	—	2	6	—	—	3	—	19	12	4	—
	(b) Other	6	16	5	16	—	3	2	2	—	—	1	2	14	39	2	2
15	Psychological—																
	(a) Development	3	6	4	—	—	—	6	8	—	—	—	255	13	269	4	1
	(b) Stability	16	49	19	28	2	4	22	47	2	—	1	6	62	134	26	13
16	Other	101	64	65	71	17	9	93	66	1	5	9	7	286	222	1166	140
TOTALS		950	1295	688	794	274	298	841	997	48	31	97	394	2898	3809	3313	383
Total defects per 1,000 pupils inspected		242	321	222	256	162	177	231	274	298	193	338	1373	226	297	432	50

* T=Requiring treatment.

O=Requiring to be kept under observation but not requiring treatment.

In addition to these periodic medical inspections, 9,531 special medical inspections and 3,519 re-inspections of pupils were made. These included inspections of pupils attending the school clinics for medical advice and in connection with ascertainment as handicapped pupils, inspections for fitness for swimming, attendance at the school camp, employment, entertainment licences, etc.

TABLE 1B.—NUMBER OF OTHER MEDICAL INSPECTIONS.

Number of Special Inspections ...	...	...	...	9,531
Number of Re-inspections ...	...	...	...	3,519
Total ...	...	...	...	<u>13,050</u>

Results of
Medical
Inspection

TABLE 1C—NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN AND INCLUDING PUPILS ALREADY UNDER TREATMENT).

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Groups</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table 2A.</i>	<i>Total individual pupils</i>	<i>Percentage requiring treatment for defective vision (excluding squint)</i>	<i>Percentage requiring treatment for all other conditions</i>	<i>Percentage requiring treatment for all defects</i>
Entrants to Primary Schools ...	87	750	814	2.2	19.1	20.8
Leavers at Primary Schools ...	153	481	601	4.9	15.5	19.4
Leavers at Secondary Schools ...	94	168	249	5.6	10.0	14.8
<i>Total ...</i>	334	1,399	1,664	3.8	16.1	19.1
Other Periodic Inspections :						
7-8 Age Group ...	129	613	714	3.5	16.8	19.6
12-13 Age Group ...	13	27	35	8.1	16.8	21.7
Pupils at Special Schools ...	30	59	84	10.5	20.6	29.3
<i>Grand Total ...</i>	506	2,098	2,497	4.0	16.4	19.5

TABLE 2B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants to Primary Schools	3,918	1,521	38.82	2,301	58.73	96	2.45
Leavers at Primary Schools	3,103	1,290	41.57	1,765	56.88	48	1.55
Leavers at Secondary Schools	1,688	935	55.39	735	43.55	18	1.06
Other periodic inspections:							
7-8 Age Group	3,645	1,310	35.94	2,258	61.95	77	2.11
12-13 Age Group	161	77	47.83	82	50.93	2	1.24
Pupils at Special Schools	287	71	24.74	208	72.47	8	2.79
TOTALS	12,802	5,240	40.65	7,349	57.40	249	1.95

	“ A ” (Good)%	“ B ” (Fair)% (or average)	“ C ” (Poor)%
1952	40.7	57.4	1.9
1951	35.4	62.4	2.2
1950	27.0	67.9	5.1
1949	25.2	68.2	6.6

The number of pupils on the registers of all schools maintained by the Authority in January, 1952, was 28,681, so that the number of pupils examined at periodic medical inspections during 1952, viz. : 12,802, was 44.6 per cent of the pupils on the registers at the beginning of the year. In addition, 9,531 special inspections of pupils were made, or 33.2 per cent of the pupils on the registers. Thus the equivalent of 77.8 per cent of all pupils at the Authority's schools was examined during the year, although some pupils probably were examined at both the periodic and the special inspections.

Of the total of 12,802 pupils examined at the periodic medical inspections, 2,497, or 19.5 per cent, were found to require medical treatment. Of these, 1,362, or 54.5 per cent, were already under treatment, so that the number of pupils requiring treatment, but not receiving it at the time of their periodic medical inspection, was 1,135, or 8.9 per cent, of those inspected.

Table 1c gives the numbers and percentages of pupils in the various age groups found to require treatment, including those already under treatment, for defective vision and for all other conditions. It will be seen from column 5 of the table that in regard to defective vision the percentages of pupils found to require treatment was 2.2 in Entrants to Primary Schools, rising to 3.5 in the 7-8 age group, 4.9 in Leavers at Primary Schools, and 5.6 in Leavers at Secondary Schools. The percentage of pupils found to require treatment for all other defects is given in column 6 and was 19.1 in Entrants to Primary Schools falling to 16.8 in the 7-8 age group, 1.5 in Leavers at Primary Schools and 10.0 in Leavers at Secondary Schools.

Defects and Diseases found at Medical Inspection.	<p>The numbers of the different defects requiring treatment found at the periodic medical inspections, and at the special inspections, and the numbers requiring to be kept under observation, but not requiring treatment, are given in Table 2A.</p>
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Table 2A shows that in Entrants to Primary Schools the largest numbers of defects found requiring treatment, and also requiring to be kept under observation but not requiring treatment, were those of the nose and throat and various orthopaedic conditions which were mainly of a postural nature. In all the other age groups the largest numbers were of orthopaedic defects and defects of vision.

For all age groups combined the largest numbers of defects found requiring treatment were orthopaedic defects amounting to 48.6 defects per 1,000 pupils inspected, defective vision 39.5 per 1,000, and defects of the nose and throat 29.9 per 1,000 pupils inspected. The total number of all defects requiring treatment was 242 per 1,000 pupils inspected as Entrants, falling to 231 in the 7-8 age group, 222 in Leavers at Primary Schools, and 162 in Leavers at Secondary Schools.

General Condition of the Pupils.	<p>Table 2B, with the totals for the three previous years, shows that the general condition of the pupils appears to be improving, with more pupils considered to be in good or better than average condition and less in poor condition, and that the pupils' general condition improved with their age, apart from the pupils at the Special Schools.</p>
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**Ascertainment
of Handicapped
Pupils.**

The number of pupils newly ascertained during the year to be handicapped pupils requiring special educational treatment was 189. Of these, 138 were found to require education in special schools and 51 special educational treatment in ordinary schools as follows :—

	<i>Newly ascertained as requiring education in special schools</i>	<i>Newly ascertained as requiring special educational treatment in ordinary schools</i>	<i>Totals</i>
1. Blind	0	0	0
2. Partially sighted ...	1	0	1
3. Deaf	0	0	0
4. Partially deaf ...	2	5	7
5. Delicate	25	0	25
6. Physically handi- capped	19	0	19
7. Educationally sub- normal	91	45	136
8. Maladjusted ...	0	1	1
9. Epileptic	0	0	0
<i>Totals</i> ...	<u>138</u>	<u>51</u>	<u>189</u>

In addition, 37 pupils were ascertained to be ineducable and 23 to require supervision by the Mental Health Authority after leaving school. 22 others were found to be probably ineducable, but decision was deferred until after further examination.

Ten other pupils were recommended for tuition at home under arrangements made under Section 56 of the Education Act, 1944. 11 pupils were found during the year to be no longer in need of special educational treatment.

All pupils ascertained previously to be handicapped pupils, including those receiving special educational treatment at day special schools, ordinary schools and at home were re-examined during the year. 111 of these pupils were receiving special educational treatment as educationally sub-normal pupils in ordinary schools, and 431 with various handicaps attending day special schools.

**Provision for
Handicapped
Pupils.**

On the 1st December, 1952, 463 handicapped pupils were attending special schools appropriate for their particular disability, in addition to those being provided with special educational treatment in ordinary schools, as follows :—

	<i>Number attending Day Special Schools on 1st December, 1952</i>	<i>Number attending Boarding Special Schools on 1st December, 1952</i>	<i>Totals</i>
1. Blind	0	4	4
2. Partially sighted ...	0	3	3
3. Deaf	22	2	24
4. Partially deaf ...	9	0	9
5. Delicate	75	2	77
6. Physically handi- capped	41	5	46
7. Educationally Sub- normal	284	14	298
8. Maladjusted ...	0	1	1
9. Epileptic	0	1	1
	<u>431</u>	<u>32</u>	<u>463</u>

On that date, in addition, 10 physically handicapped pupils, whose disabilities prevented their attending any school, were receiving tuition at their own homes.

Fifty-eight educationally sub-normal pupils were awaiting vacancies in special schools on the 1st December, 1952, 57 of them in day special schools, compared with 39 on the 1st December, 1951. Additional provision in the day special schools for these handicapped pupils is urgently required, particularly because some pupils were awaiting admission for twelve months.

Cleanliness Inspections. The work of the school nurses, which was carried out under the supervision of the Senior School Nurse, Mrs. L. Pritchard, S.R.N., C.M.B., continued as in previous years.

All the schools maintained by the authority were visited regularly by the nurses, and a total of 187,917 cleanliness inspections was carried out during the year, in 1,624 visits to schools. 830 individual pupils were found to be verminous, with varying degrees of infestation. All these pupils were dealt with by the nurses sending informal notes with advice to their parents and following up by visits to their homes as necessary, and no formal cleansing notices or orders under Section 54 of the Education Act, 1944, had to be issued.

The number of 830 individual pupils found to be infested represents 2.9 per cent of the pupils on the registers at the beginning

of the year. This indicates a further improvement in the cleanliness of the pupils which has been continuing since the end of the 1939-45 war, as shown by the following figures :—

			<i>Number found infested during year</i>	<i>Percentage infested</i>
1946	...	...	3,020	13.2
1947	...	...	2,464	10.1
1948	...	...	2,251	8.8
1949	...	...	1,949	7.5
1950	...	...	1,375	5.1
1951	...	...	977	3.5
1952	...	...	830	2.9

TABLE 3—INFESTATION WITH VERMIN

(1)	Total number of examinations in the schools by the school nurses	...	...	...	...	...	...	...	187,917
(2)	Total number of <i>individual</i> pupils found to be infested	...	...	...	...	...	...	...	830
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Sec. 54 (2), Education Act, 1944)	...	...	...	...	...	...	...	Nil
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Sec. 54 (3), Education Act, 1944)	...	...	...	...	...	...	...	Nil

Other Work of the School Nurses. The school nurses continued the routine testing of vision during the year at all the schools and the numbers are as follows :—

(a)	Number of vision tests made at schools	...	...	...	...	...	...	...	32,665
(b)	Number of pupils referred by the nurses after vision tests to the medical officers at clinics	...	...	...	...	...	...	...	599

Special visits were made by the nurses to three schools where several cases of scarlet fever had occurred, to one of the Local Authority Children's Homes for the same reason, to three schools where a number of plantar wart cases had occurred and to one Voluntary Children's Home where a number of cases of scabies had occurred, and a total of 2,371 children was inspected by them at these visits.

Follow-up visits by the nurses to pupil's homes regarding medical treatment, uncleanliness, neglect, etc., totalled 1,239 during the year. Included in these visits were those to the homes of the children examined in connection with the National Survey of the Health and Development of Children, and also visits to homes for the purpose of making social reports on pupils before they were specially examined by the medical officers after receipt of Forms 3.H.P. (regarding educational subnormality) from their schools.

Five of the nurses also did residential duty at the School Camp from May to September, one nurse always being in residence for the whole period.

Treatment at the minor ailment clinics and Ultra-Violet Light Treatment were carried out by the nurses as in previous years.

Medical Treatment. Treatment for skin diseases, external eye defects, ear defects and miscellaneous minor ailments was provided by the Authority at six School Clinics. Ultra-Violet Light treatment, Speech Therapy and Child Guidance were also provided at school clinics.

The Hospital Board continued to provide special clinics for school children at the hospitals for defective vision and eye diseases, ear, nose and throat defects, and orthopaedic defects, to which pupils were referred by the School Health Service and seen by appointment, the appointments being arranged by the hospitals.

The Authority's Minor Ailment Clinics were held as follows :—

Central Clinic, School Health Department, Rowe Street	... ..	Monday to Friday, 2 p.m. daily Saturday, 9 a.m.
Stonehouse Clinic, 30 High Street, Stonehouse	... ..	Monday to Friday, 2 p.m. daily Saturday, 10.15 a.m.
Albert Road Clinic, Outram Villa, Albert Road, Devonport	... ..	Monday to Friday, 2 p.m. daily Saturday, 9 a.m.
North Prospect Clinic, North Prospect School, Swilly	... ..	Monday to Friday, 2 p.m. daily Saturday, 9 a.m.
St. Budeaux Clinic, Stirling Road, St. Budeaux	... ..	Monday to Friday, 2 p.m. daily Saturday, 10.15 a.m.
Crownhill Clinic, Cross Park Road, Crownhill	... ..	Monday to Friday, 3.30 p.m. daily Saturday, 9 a.m.

The Central Minor Ailment Clinic was open throughout the year and the five branch clinics were only closed during the school summer vacation.

Ultra-Violet Light treatment was given at the Central Clinic on Tuesday and Friday mornings, throughout the year.

The school medical officers attended at the school clinics, where pupils attended without appointment and by appointment, as follows :—

Central Clinic	...	...	...	Monday, 2 p.m., Wednesday, 2 p.m., Saturday, 9.30 a.m.
Stonehouse Clinic	...	...	...	Tuesday, 2 p.m.
Albert Road Clinic	...	...	...	Thursday, 2 p.m.
North Prospect Clinic	...	...	...	Friday, 2 p.m.
St. Budeaux Clinic	...	...	...	Wednesday, 2 p.m.
Crownhill Clinic	...	...	...	Thursday, 3.30 p.m.

The medical officers attended at the Central Clinic throughout the year and at the branch clinics during the periods the schools were open.

Speech Therapy was provided at the Central, North Prospect and Crownhill Clinics, by appointment.

Child Guidance was provided at the Child Guidance Clinic, Catherine Street, Plymouth, by appointment.

Skin Diseases. At the school clinics only 2 cases of ringworm of the scalp were treated during 1952 compared with 15 in 1951 and 23 in 1950, and 68 cases of ringworm of the body compared with 139 in 1951 and 157 in 1950.

There was an increase in the number of cases of scabies treated, 90 cases in 1952 compared with 36 in 1951 and 57 in 1950. Part of this increase was due to cases found in the Voluntary Children's Home visited by one of the school nurses at the request of the person in charge.

Impetigo cases treated amounted to 218 compared with 236 in 1951 and 294 in 1950, and other skin diseases to 446 compared with 327 in 1951 and 334 in 1950. The increase in other skin diseases was partly due to cases of plantar warts found in three girls' secondary schools where all the pupils were specially examined for this condition by the nurses after several cases had been found in pupils attending the school clinics from these schools.

Eye Diseases, Defective Vision and Squint. Three hundred and forty-two cases of external eye defects were treated in the school clinics in 1952 compared with 331 in 1951 and 349 in 1950.

Eight hundred and sixty-seven cases of defective vision were

referred during 1952 to the consultant's special school clinic at the Plymouth Royal Eye Infirmary where a total of 1,462 cases was seen, including those referred direct to the Eye Infirmary by general practitioners, etc. Spectacles were prescribed for 974 pupils and obtained by 961 during the year.

By the end of the year pupils were being seen at the Eye Infirmary within about seven weeks of referral, and no complaints were being received regarding obtaining spectacles, but pupils were only referred for defective vision to the Royal Eye Infirmary by the School Health Department in cases where their vision was worse than 6/9 in either eye, in view of the consultant's advice that a vision of 6/9 could be regarded as normal vision for a child, unless there were symptoms suggesting the advisability of investigation. Pupils with a vision of 6/9 were kept under observation, however, and re-examined by the medical officers.

Diseases and Defects of Ear, Nose and Throat.

The number of ear, nose and throat defects treated at the school clinics during 1952 was 332. In addition, 287 pupils were referred to the consultant's special school clinic at the South Devon and East Cornwall Hospital, Plymouth. Unfortunately, records of the number of Plymouth school children treated are not kept separately at this hospital and no information is available of the numbers of pupils who received operative or other forms of treatment for diseases of the ear, adenoids and chronic tonsillitis and other nose and throat conditions, but consultants' reports were received during the year in respect of 317 pupils who had been referred by the School Health Department with advice on treatment recommended to be carried out at the school clinic or by the pupil's private doctor or stating what treatment was proposed to be carried out at the hospital, etc.

Most cases of enlarged tonsils and adenoids were kept under observation for several months before a decision was made regarding referral to the consultant's clinic.

Orthopaedic and Postural Defects.

Three hundred and eight pupils were referred by the School Health Department to the consultant's special school clinic at the Hartley House Orthopaedic Clinic, which now is a clinic of Mount Gold Orthopaedic

Hospital, Plymouth. 436 pupils were treated during the year at the orthopaedic clinics as out-patients and 90 as in-patients in the hospital.

A number of the cases referred were of postural defects considered by the school medical officers to require orthopaedic investigation to exclude the possibility of more serious underlying defects, but by May, 1952, the waiting list of all types of cases at the clinic was so large that there was a delay of at least four months before any case could be seen and the orthopaedic surgeon was becoming worried lest more serious cases were becoming delayed by the postural cases. It was decided, therefore, to request the school medical officers to refer only those postural cases which did not respond to remedial exercises at home and at school after a reasonable period, and copies of the remedial exercises used at the orthopaedic clinic were issued to the medical officers for supplying to parents. In addition, the orthopaedic surgeons referred back a number of cases, after investigation, for exercises at home and at school.

Remedial exercises were arranged at schools where possible, the names and defects of the pupils concerned being given to the Organisers of Physical Training who visited the schools and demonstrated the exercises to the teachers and pupils and asked the teachers to supervise them being carried out.

**Child Guidance
Treatment.**

As mentioned in the Annual Report for 1951, the Senior Administrative Medical Officer of the Regional Hospital Board stated early in 1952 that an additional Registrar was being appointed to the psychiatric staff of Moorhaven Hospital, from which the psychiatrist's services are provided by the Board for the Child Guidance Clinic, and that it was hoped that further sessions would become available then for the Clinic. No additional psychiatric sessions, however, were provided at the clinic during 1952, and, in fact, the number of sessions averaged only 4.3 per week throughout the year with the result that children had to continue to wait 12 months before being seen at the clinic by a psychiatrist and then a further twelve months before commencing any psychiatric treatment required.

No suitable applications for appointment as Psychiatric Social Worker at the clinic were received until September, when an applicant was appointed but resigned before taking up the appointment.

Eighty-four pupils were treated during 1952 at the Clinic and the following report on the work of the clinic has been made by Dr. J. M. Gilroy :—

	<i>At</i> 31.12.52	<i>At</i> 31.12.51	<i>At</i> 31.12.50
(a) On Treatment Waiting List ...	46	77	74
(b) On Diagnostic Waiting List ...	123	93	37
	<i>Year</i> 1952	<i>Year</i> 1951	<i>Year</i> 1950
(c) New Referrals	177	224	121
(d) Cases given full clinical investigation	93	109	84
(e) Individual Treatment Interviews	662	972	516
(f) Clinic Interviews by Psychologist	330	484	241
(g) Visits by P.S.W. (to families, etc.)	None	302	587
(h) Cases closed	111	40	18
(i) Cases undergoing social supervision	None	23	36

Comparison of the figures for the past three years reveals, unfortunately, a serious deterioration in our position during 1952, whereas we had hoped at one time that it might have been possible to expand and improve the psychiatric service for children in the clinical area during the year. The deterioration can in large measure be attributed to our not having the services of a Psychiatric Social Worker in 1952 and the inadequacy of the number of medical sessions.

The reduction of the number on the treatment waiting list at 31.12.52 is not due to a greater number of children than usual having been treated. It is explained by : (1) Refusal of the offer of treatment by many parents, giving as their reason dissatisfaction with the long delay. Parents are very likely to lose interest in the clinic if their children's names are a long time on the waiting list and their homes have not been visited by a P.S.W. during the period of waiting ; (2) Because of our limited resources we have tried to avoid adding to the treatment waiting list and instead we have, in certain selected cases, dealt with problems less thoroughly with the hope of reviewing them when our circumstances improve.

The increased diagnostic waiting list is due to our policy of maintaining a proper balance between diagnosis and treatment. Nothing would be gained by transferring large numbers from diagnostic to treatment waiting list if we are unable to offer them treatment. It is very regrettable, as well as frustrating, to have to report a delay of a year between referral and diagnostic examination unless priority is given for urgent clinical or administrative reasons (e.g. at the request of the Juvenile Court). I think the reduced referral rate in 1952 may be due to the discouragement afforded to those seeking advice when they are told of the long delay before a new case can be examined. We have tried to maintain our diagnostic work by investigating cases less thoroughly, but, except in relation to clinical records, our standards have not been seriously impaired.

The contribution of the other members of the team has necessarily been affected by the loss of our P.S.W. Each psychiatrist has had to try to deal with the parents of the children he has been treating, and the psychologist has also had to devote more time to parents than he would normally have done.

There has been no change in the Clinic staff during the year. Psychiatric sessions are still provided by Dr. Blair, Dr. Connell, and myself, and Mr. McNally continues as Educational Psychologist.

**Speech
Therapy.**

One hundred and seventy-one pupils were treated at the Speech Therapy Clinics during 1952 and the following report on the work of the clinics has been made by Miss J. Rowley-Lewis, the Authority's Speech Therapist :—

Speech Therapy clinics were continued without a break during 1952.

In September, a second therapist, Mrs. Warne, was appointed on a part-time basis to cover the Crownhill area. Her help has proved invaluable as it has brought about an appreciable decrease in an otherwise extensive waiting list. There are, of course, a number of children still awaiting treatment and they have been admitted approximately three months after referral. This is not wholly satisfactory, but is certainly an improvement on the conditions of 1951.

More amenities have been provided and equipment collected during the year. However, I would like to draw attention to the fact that a recording machine of some type would be of the greatest benefit. Although provision has been made outside for the recording of speech, this is really not sufficient, as some record of spontaneous speech during the treatment of the patient is necessary.

The attendances on the whole have been good. The co-operation on the part of the patients and parents has been excellent. However, perhaps during 1953 an attempt can be made to obtain a better rapport and understanding between the teacher and therapist as full co-operation from three sides, patient, parent and teacher, is needed for a successful speech therapy service.

In conclusion I would like to thank the School Medical Officers for their interest, help and advice which has contributed to, I think, a very successful year.

SPEECH THERAPY CLINICS, 1952

	Stammering	Dyslalia	Alalia	Idioglossia	Sigmatismus	Dysarthria	Dysphonia	Hyperrhinophonia	Hyporhinophonia	Cleft palate	Dyslalia due to Deafness	Total
No. of cases on Register, December 31st, 1951 ...	29	26	2	1	7	4	—	2	2	4	—	77
No. of new cases admitted during 1952 ...	27	46	2	1	4	2	1	4	3	2	2	94
No. of cases defaulted ...	4	7	—	—	—	—	—	—	1	—	—	12
No. of cases discharged improved ...	4	—	—	—	—	1	—	1	—	—	—	6
No. of cases discharged cured	14	23	—	—	7	1	—	4	4	—	—	53
No. of cases still receiving treatment, December 31st, 1952	34	42	4	2	4	4	1	1	—	6	2	100
Total No. of cases treated during 1952 ...	56	72	4	2	11	6	1	6	5	6	2	171

Number of cases awaiting treatment, December 31st, 1952=34.

TABLE 4—TREATMENT OF PUPILS

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table 3).

					<i>Number of cases treated or under treatment during the year</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
Ringworm—	(i) Scalp	...	...	...	2	3
	(ii) Body	...	...	...	68	—
Scabies	...	...	...	...	90	—
Impetigo	...	...	...	...	218	—
Other skin diseases	...	...	...	...	446	80
<i>Total</i>					824	83

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

					<i>Number of cases dealt with</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint	...	...	...	...	342	38
Errors of refraction (including squint)	...	...	...	...	—	1,462
<i>Total</i>					342	1,500

Number of pupils for whom spectacles were :

(a) Prescribed	...	...	...	...	—	974
(b) Obtained	...	...	...	...	—	961

GROUP 3.—DISEASES AND DEFECTS OF THE EAR, NOSE AND THROAT.

					<i>Number of cases treated</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment :						
(a) for diseases of the ear	...	...	...	...	—	—
(b) for adenoids and chronic tonsillitis	...	...	...	...	—	—
(c) for other nose and throat conditions	...	...	...	...	—	—
Received other forms of treatment	...	...	...	...	332	—
<i>Total</i>					332	—

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	...	...	...	...	—	90
					<i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated otherwise, e.g. in clinics or out-patient departments	...	...	...	...	—	436

GROUP 5.—CHILD GUIDANCE TREATMENT.

					<i>Number of cases treated</i>	
					<i>In the Authority's Child Guidance Clinics</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics	...	...	...	...	84	—

GROUP 6.—SPEECH THERAPY.

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils treated by Speech Therapists	171	—

GROUP 7.—OTHER TREATMENT GIVEN.

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
(a) Miscellaneous minor ailments ...	8,620	—
(b) Other than (a) above (specify) :		
1. Ultra-Violet Light	416	—
<i>Total</i> ...	<u>9,036</u>	—

Dental Inspection and Treatment.

The Authority had no Senior Dental Officer during 1952, but Mr. R. M. Maynard, L.D.S., Assistant Dental Officer, was appointed in December as Senior Dental Officer as from the 1st April, 1953. Seven dental surgeons were employed during the year in dental inspection and treatment and gave time equivalent to approximately 3.8 whole-time officers throughout the year.

Every school was visited during the year by a dental officer and all pupils in attendance inspected, 27,171 pupils being inspected at schools during 239 half-day sessions, equivalent to rather less than the half-time of one dental officer throughout the year. In addition, 1,552 pupils were inspected at the school dental clinics.

Of the 28,723 pupils inspected, 19,046, or 70.1 per cent, were found to require treatment. Of those requiring treatment, 11,959, or 62.8 per cent accepted and were referred for treatment at the school dental clinics.

Dental treatment was provided at five dental clinics as follows :

Central Clinic, School Health Department, Rowe Street.
 Stonehouse Clinic, 30 High Street, Stonehouse.
 North Prospect Clinic, North Prospect School, Swilly.
 Honicknowle Clinic, Honicknowle Primary School.
 Beaumont House Clinic, Beaumont Park.

Although 11,959 pupils were referred for treatment it was found possible to treat only 5,692 of them during the year. All pupils requiring extractions were treated without delay, however, but those requiring fillings and other operations experienced a delay of approximately six months on the average and very little orthodontic work was able to be carried out.

Extractions were carried out at the Central, Stonehouse and North Prospect Clinics on 235 half-day sessions, with two dental officers working together. 4,450 general anaesthetics, an average of 18.9 per session, were administered, and 10,260 teeth, comprising 1,503 permanent and 8,757 temporary teeth, extracted.

The time remaining, after carrying out all the dental inspections at schools and all the extractions required, viz. : 1,480 half-day sessions, was devoted to fillings and other operations, and 5,537 fillings in permanent teeth and 772 in temporary teeth were done, together with 2,102 other operations on permanent teeth and 676 on temporary teeth.

The number of permanent teeth filled was 5,008 and the number extracted 1,503. This gives a ratio of 3.3 permanent teeth saved to each one extracted and compares with a ratio of 3.1 in 1951. Whilst this can be considered to be satisfactory the number of permanent teeth extracted in 1952 was 1,503 compared with 1,229 in 1951, and it seems probable that the delay in being able to provide fillings was the cause of more permanent teeth requiring extraction.

With regard to the delay in providing fillings, negotiations were commenced with the Local Dental Committee in March, and in June a list was received of 30 local dental practitioners willing to treat pupils in their own surgeries. Whilst arrangements were being made for communicating with those who required fillings and had accepted treatment at the school dental clinics, but who would be unable to be provided with it within 3 months, to enquire if they wished the School Health Department to make appointments for them with private dentists, Circular 22/52 (Ministry of Health), 254 (Ministry of Education) was received, requesting the authority to make further intensive efforts to obtain more dentists to work whole-time or part-time in the school dental clinics. Nothing further was done therefore regarding referring pupils to private dentists, but further advertisements were issued inviting applications from dentists to work in the school clinics. Only one application was received, from a local dental practitioner willing to work on two half-day sessions a week at the clinics, and he was appointed as a part-time assistant dental officer.

TABLE 5—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :									
(a)	Periodic	...	...	...	...	...	...	...	27,171
(b)	Specials	...	...	...	...	...	...	...	1,552
Total (1)									28,723
<hr/>									
(2)	Number found to require treatment				...	...	...	...	19,046
(3)	Number referred for treatment				...	...	...	...	11,959
(4)	Number actually treated				...	...	...	...	5,692
(5)	Attendances made by pupils for treatment				...	...	...	...	11,946
<hr/>									
(6)	Half-days devoted to : Inspection				...	...	...	...	239
				Treatment	...	...	...	...	1,715
Total (6)									1,954
<hr/>									
(7)	Fillings :	Permanent Teeth	...	...	...	...	...	...	5,537
		Temporary Teeth	...	...	...	...	...	...	772
Total (7)									6,309
<hr/>									
(8)	Number of teeth filled :		Permanent Teeth	...	...	...	...	...	5,008
			Temporary Teeth	...	...	...	...	...	772
Total (8)									5,780
<hr/>									
(9)	Extractions :	Permanent Teeth	...	...	...	...	...	...	1,503
		Temporary Teeth	...	...	...	...	...	...	8,757
Total (9)									10,260
<hr/>									
(10)	Administration of general anaesthetics for extraction								4,450
(11)	Other operations :		Permanent Teeth	...	...	...	...	...	2,102
			Temporary Teeth	...	...	...	...	...	676
Total (11)									2,778
<hr/>									

Mass Radiography. The annual survey of Secondary School Leavers, Students and Teaching Staff was carried out by the Plymouth Mass Radiography Unit and the following figures have been extracted from those supplied by Dr. Sheers, the Medical Director of the Unit.

1. No. of pupils (Secondary School Leavers) examined :		
	Male	...
	Female	...
	Total	...

*Newly discovered significant cases of
Pulmonary Tuberculosis: in above—*

Active cases	...	...	...	6 (2.2 per 1,000)
Doubtfully active, for observation	...	...	...	8 (3.05 per 1,000)

2. Number of students (Further Education) examined :

Male	...	135
Female	...	127
<i>Total</i>		<hr/> 262 <hr/>

No significant cases discovered in students.

3. Number of School Teaching Staff examined :

Male	...	122
Female	...	130
<i>Total</i>		<hr/> 252 <hr/>

No significant cases discovered in school teaching staff.

School nurses, attendants, School Meals Service employees and other staff were also examined and the numbers are included in the figures for Corporation employees given in the Tuberculosis Section of the Medical Officer of Health's Annual Report.

Infectious Diseases.

There was no serious outbreak of any notifiable infectious disease at any school during 1952, but three schools were visited specially where several cases of scarlet fever had occurred to look for missed cases and other possible causes, such as pupils with discharging ears, noses, etc. One of the Local Authority Children's Homes was also visited for the same reason.

The number of cases of infectious disease notified during 1952 in children attending school was as follows :—,

Diphtheria	...	...	11
Scarlet Fever	...	...	158
Tuberculosis	...	...	24
Poliomyelitis	...	...	1
Measles	...	...	609
Whooping Cough	...	...	93

Of the 11 notified cases of diphtheria only 2 were later confirmed.

The 158 cases of scarlet fever in 1952 compares with 149 in 1951, 297 in 1950 and 118 in 1949. The cases in 1952 were more prevalent in the months of January to March and October to December, but occurred throughout the year, and the maximum number of pupils absent from school as cases or contacts in any week was 37.

The majority of the cases of measles occurred in December, but the outbreak commenced in October, when 60 cases in school children were notified, with 57 in November and 449 in December, and continued into the early part of 1953.

Cases of mumps reached a peak in March, when 789 pupils were absent from school on account of this during one week.

Chicken pox was most prevalent in July, when 260 pupils were absent during one week on this account.

Coughs and colds were most prevalent in the first week of February, when 1,791 pupils were absent from school on account of these conditions, compared with 3,715 pupils in the middle of January, 1951.

**Diphtheria
Immunisation.**

Diphtheria immunisation of school children was carried out at the school clinics throughout the year by appointment and 2,838 injections were given in 1952 compared with 2046 in 1951. The immunisation of 384 new cases was completed and 1,879 pupils were given reinforcing doses in 1952 compared with 273 new cases and 1,274 reinforcing doses in 1951.

School Camp.

The school camp at Maker Heights, Cawsand, Cornwall, was in use for the summer season of 1952 from the 2nd May to the 11th September, and a school nurse was in residence for the whole of this period, five of the nine nurses doing duty there in turn for a week at a time, under the supervision of the Senior School Nurse who visited the camp frequently.

The medical arrangements were the same as in previous years and included inspection for infectious and contagious conditions and uncleanliness by a medical officer and a nurse of all Plymouth children immediately before proceeding to the camp, treatment of minor ailments and of pupils in the Sick Bay at the camp by the school nurses, daily inspection of the rooms and bedding at the camp by the school nurses with the Camp Leaders, arrangements for the calling in of local doctors when necessary and supervision of the dormitories and bedding and of the general hygienic condition of the camp.

School parties from 19 Plymouth Secondary Schools and 2 Primary Schools were in residence for a week at a time from the 2nd May to the 25th July, with a total of 2,086 pupils and 114 teachers, and outside parties, from other Local Education Authorities and other Plymouth groups, including children from the City Mission, the Children's Officer Department and the Plymleigh Boarding Home, from the 31st July to the 11th September, with a total of 922 pupils and 80 teachers and leaders.

The general arrangements for the camp, the standard of accommodation for the pupils and the general hygienic condition of the camp were all satisfactory from the health aspect during 1952, and the utmost co-operation in the medical arrangements was received from all concerned. Thanks are due particularly to the school nurses who put in many extra hours of duty, including night duty in respect of several cases admitted to the Sick Bay.

**National
Survey of the
Health and
Development
of Children.**

The School Health Service took part during the year in a national survey of the health and development of children, which is being carried out by a joint committee of the Institute of Child Health (University of London) and the Population Investigation Committee, which is following up a group of 6,000 children born in the first week of March, 1946, and drawn from all social classes and all parts of England and Wales.

It is hoped that this survey will provide much needed information on accidents, on social class differences in ill-health and on the natural history of disease and also provide norms for the growth of school children, which do not exist at present on a national scale, and make possible a special study of the growth and development of premature children.

As a first step the school nurses visited all the schools to ascertain for the Joint Committee the names and addresses of all children in the City who were born from the 3rd to 9th March, inclusive, 1946, and the name of the town where each was born, and a list of 62 children was sent to the committee in February.

In March, two comprehensive forms for each child were sent by the Committee for 17 of the children, one for completion by a medical officer after a clinical examination, and the other for completion by a school nurse, on home conditions and past medical history, after a

visit to the child's home, with a request for their return by the end of the month. Further forms in respect of three children who had moved into the City were received in May, and all were completed and returned.

In September, a School Absence Record for each child included in the survey was received from the Committee. The records were for recording the absences of the children from school for the period September, 1952, to August, 1953, and were to be kept by the class teachers. These were taken to the schools by the school nurses, who arranged for them to be kept by the teachers concerned.

In December a School Absence and Holiday Sickness Record Form for each child was received from the Committee, for completion by the nurses after the end of the Christmas vacation, on which the nurses were requested to copy the absence record of the child during the preceding term, during a visit to the school, and then record the treatment given for any sickness during the term and also any sickness and treatment during the school vacation, after a visit to the child's home.

**Special
Schools.**

The medical and nursing arrangements for the Authority's Day Special Schools for Delicate and Physically Handicapped pupils, Deaf and Partially Deaf pupils, and Educationally Sub-normal pupils remained unchanged during 1952.

All pupils at the Open-Air School for Delicate and Physically Handicapped pupils were medically inspected at least once each term, a medical officer visiting the school at fortnightly intervals, and pupils with minor ailments were treated at the school by a school nurse who visited two or three times a week and exercised general supervision over the health of the pupils.

All pupils at the other Special Schools were medically inspected once during the year by a medical officer and also specially examined during the year regarding their particular handicap and the necessity for their continued attendance at the school. These schools also were visited regularly by the school nurses, in the same way as the ordinary schools, for cleanliness, vision testing, etc.

**Childrens
Homes.**

Two additional Local Authority Children's Homes, at Whitleigh and Pennycross, were opened at the beginning of 1952, each Home accommodating 12 children, and these two Homes, together with the two existing Homes at Astor Hall and Channel View Terrace, were visited monthly by a medical officer who examined all the children at each visit. The four Homes and also the Plymleigh Boarding Home for Educationally Sub-normal Boys were also kept under supervision by regular visits of the school nurses and found always to be conducted satisfactorily.

A total of 774 medical inspections of the children was carried out at the Homes by the school medical officers during the year. Medical and dental treatment required was provided by the School Health Service or by the general practitioners with whom the children were registered under the National Health Service Act.

One Voluntary Children's Home was visited during the year at the request of the person in charge after several cases of scabies had been found in pupils from the Home who attended the school clinics.

**Food-handlers,
Meals and Milk.**

The annual medical inspections of the staff of the Schools Meals Service was continued at the Central Clinic during 1952 and 321 of the staff were medically examined and advice given regarding their suitability on medical grounds for employment in that service. No cases of illness which could be attributed to school meals or milk were reported during the year.

All milk supplied to schools under the Milk in Schools Scheme was pasteurised milk sold under licence and the suppliers were approved by the Medical Officer of Health. The school kitchens were kept under supervision by the Health Department.

The numbers of pupils taking meals and milk in schools on a day in October, 1952, when a return was made by the Authority to the Ministry of Education, with comparable figures for the three previous years, are as follows :—

			<i>Pupils present in schools</i>	<i>Pupils taking dinners</i>	<i>Percentage taking dinners</i>	<i>Pupils taking milk</i>	<i>Percentage taking milk</i>
October, 1952	...	...	27,422	8,891	32.4	23,621	86.1
October, 1951	...	...	26,221	9,356	35.7	22,677	86.5
October, 1950	...	...	24,913	8,886	35.7	21,856	86.1
October, 1949	...	...	24,335	8,027	33.0	21,701	89.2

The daily average number of pupils taking dinners in school in December, 1952, was 8,702, compared with 9,459 in December, 1951, and 9,313 in December, 1950. Although the percentage of pupils taking dinners in school showed a small decrease during the year the general condition of the pupils, as assessed on the pupils examined during the year at the periodic medical inspections, showed an improvement as reported above.

**Entrants to
Courses of
Training for
Teaching and to
the Teaching
Profession.**

Circular 249 of the Ministry of Education, dated 28th March, 1952, required that after the 1st April, 1952, all candidates applying for entry to courses of training for teaching, and also entrants to the teaching profession not completing an approved course of training, were to be medically examined by School Medical Officers, and between the 1st April and the end of 1952, forty candidates for entry to courses of training and two entrants to the teaching profession were medically examined at the Central Clinic and medical reports given on Ministry of Education Form 4.R.T.C.

In conclusion, I take this opportunity of recording my appreciation of the loyal work of the staff of the School Health Service, the co-operation of the Director of Education and his staff, and not least the help and consideration of the Chairman and members of the Education Committee and particularly the Chairman and members of the Education Special Services Sub-Committee throughout the year.

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